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WELLNESS AT THE WORKSITE

A MANUAL

Community and Consumer Relations
Health Insurance Association of America
American Council of Life Insurance
in cooperation with the Extension Service,
U.S. Department of Agriculture

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WELLNESS AT THE WORKSITE

A MANUAL

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INTRODUCTION

The life and health insurance industry has a long-standing commitment to the promotion of good health. Over the past several years, our industry has taken an increasingly prominent role in promoting the practice of wellness, as a means of translating into action its interest in the health of our citizenry.

Insurers share this interest with the Extension Service, U.S. Department of Agriculture. With its nationwide network of professionals and volunteers, the Extension Service has the ability to communicate and provide educational programs to community and business leaders across the country on the importance of wellness programs in the workplace and beyond.

In collaborating on Wellness at the Worksite, the Extension Service and the Community and Consumer Relations Department of the American Council of Life Insurance - Health Insurance Association of America hope to encourage broad-based community action to establish wellness programs in work settings.

Wellness at the Worksite is adapted from Wellness at the School Worksite, a manual published in 1985 by the ACLI - HIAA, Education Relations and Resources Department, in cooperation with a number of educational organizations and individual educators.

We believe that your company will see the benefit of a healthier and more productive workforce when you have a worksite wellness program. We invite you to join us in helping the American workforce to become healthier and more productive.

Ava D. Rodgers
Deputy Administrator
Extension Service
U.S. Department of Agriculture

Barbara E. Bey
Director
Community and Consumer Relations
American Council of Life Insurance/
Health Insurance Association of America

FOREWORD

About the Manual

The purpose of this manual is to help employers to develop and implement wellness at the worksite programs for employees at all levels.

The manual has three sections:

SECTION ONE:
BACKGROUND

Why Wellness At The Worksite?

* Explains the innovative wellness at the worksite concept focusing on employees at all levels.

* Details costs and benefits of implementing wellness/health promotion programs for employees.

* Defines wellness and the scope of wellness programs.

SECTION TWO:

DESIGN AND IMPLEMENTATION

Managing the Wellness Cycle -- The Overall Program and the Individual

* Outlines ways of starting and operating a variety of wellness at the worksite programs, ranging from the modest to the more extensive.

* Offers practical advice on utilizing existing resources in the community--and beyond.

SECTION THREE:

RESOURCES

Help for Businesses Interested in Starting Wellness Programs

* Outlines two model wellness at the worksite programs: one from a commercial vendor; the other developed within a school system.

* Gives practical advice on setting up program elements such as fitness and weight control.

* Suggests ways to promote Wellness at the Worksite using various materials.

* Lists organizations, programs, printed and audiovisual materials available to employers--free and for cost.

WHY WELLNESS?

. . . AND WHY AT THE WORKSITE??

Year after year, national health care costs continue their alarming rise.

In 1982, the United States spent more than $320 billion for health care. That's more than ten percent of our Gross National Product (GNP) -- 10 and 1/2 cents out of every dollar of goods and services produced in this country.

Yet it is employers -- private and public -- who bear at least half the burden of mounting health care costs. Typically, employer health care costs are rising at the rate of 25 to 100 percent a year. According to a Coopers and Lybrand study, private companies are paying out as much as 25 percent of total payroll for health care, including hidden or forgotten items such as:

* Absenteeism;
* Disability;
* Turnover;
* Decreased productivity;
* Replacement/recruiting.

Each year, 500 million workdays are lost because of illness or disability -- 26 million of them due to heart disease and hypertension; 93 million due to lower back problems.

This alarming escalation in medical expenses and in the hidden costs of sick care seems to be beyond our control. But is it?

What are our major health problems and what can we do about them?

The major cause of serious illness and death in adult Americans is cardiovascular disease. According to the American Heart Association, in 1986 it accounts for about $78.6 billion of our annual medical costs. And yet, all the authorities agree, personal initiative can reduce or eliminate many of the risk factors associated with heart disease. Illness and deaths from nutrition-related causes make a sizable contribution to overall expenditures for health care.

People can control the major risk factors such as cigarette smoking, high blood pressure, blood cholesterol levels, and diabetes. They can affect other contributing factors such as obesity, lack of exercise, and stress.

In other words, how we live has a very direct impact on our chances of suffering from heart disease. The same is true for cancer and other major health threats, many due to poor dietary habits, and others, such as alcohol and drug abuse, uncontrolled stress, and poor safety habits.

The Need: Prospective Medicine

One of the more promising solutions to the dilemma of mounting health care costs and their impact on the workplace and the economy is to redirect our efforts, that is, to shift health care energies and expenditures from the treatment of disease to its prevention.

Available evidence suggests that even modest health promotion programs can substantially reduce medical care costs. A recent study from Ontario, Canada links health care costs to physical fitness. It tracked the frequency of doctor and hospital visits, number of days off due to ill health, and the number of physicians' claims made under the Ontario Health Insurance Plan (OHIP). The study concluded that:

1. People with higher levels of physical fitness tend to have lower medical claims.

2. An estimated reduction of 31 million in OHIP medical claims could be expected if all adults aged 20-69 attained at least average physical fitness.

3. People with higher levels of fitness tend to have reduced incidence of coronary heart disease.

Control Data Corporation's study of 5,000 of its employees involved in the corporation's Stay Well program yielded similar results. Regular exercisers

had a 36 percent decrease in health care costs and a substantial drop in hospital stays.

Stay Well Participants	vs.	Non-participants	
$321.01		$436.92	Average claim costs
.37		.57	Average Days in Hospital

A. Private industry has demonstrated the following economic benefits of reducing risk factors:

* Stopping smoking = company saving of $200 per person
* Controlling blood pressure = saving of $260
* Reducing cholesterol 20 percent = saving of $60

M. Kristein Preventive Medicine (1977).

Simple programs instructing employees in basic medical self-care -- when to take care of oneself, when to see a physician, and what to expect -- can result in immediate health care cost savings. The Center for Corporate Health Promotion reports that over the course of one year employees enrolled in a large Rhode Island health maintenance organization who had been trained in self-care paid 17 percent fewer overall visits to their physicians and 35 percent fewer visits for minor illnesses than did other employees.

Here's what some companies report as a result of instituting wellness at the worksite programs:

* Kennecott Copper -- 55 percent drop in medical care costs.

* Prudential Life Insurance -- employees in fitness program averaged 3.5 disability days versus an 8.6 day company average.

* New York Telephone -- health promotion saves more than $2.5 million a year in absentee and medical costs.

B. Wellness/health promotion programs would improve employee morale and productivity. That means not only higher profit, but also an improvement in the quality of product.

Wellness at the worksite programs can help reduce absenteeism and improve performance on the job -- at and away from the worksite. A healthier staff gets more done. Reduced incidence of job burnout and turnover also contributes to keeping employees focused where they should be.

Just the simple step of starting a wellness at the worksite program is a strong statement of concern for your employees. The message, "Management cares," will be heard -- and to positive effect.

Goals

Companies willing to invest in professional wellness programs will find a wide range of companies and organizations (such as hospitals and universities) offering complete turnkey (pre-packaged) or piece-by-piece wellness programs. Many would argue that these commercial programs more than repay the investment.

Yet there is considerable middle ground between wellness at the worksite programs costing little or nothing and commercial programs requiring significant funding. Many programs combine volunteer and professional resources in order to meet staff needs at modest cost, cost that may be borne, in part, by program participants.

It's all a matter of goals, a question of using resources where they will do the most good. Investing in a positive program designed to promote good health, many administrators would stress, is far more cost-effective management than spending dollars in a negative way, i.e., to treat disease.

The long-range goal of wellness at the worksite programs is to cut health care costs by redirecting energies and expenditures to preventive measures. The immediate goal is to improve morale and productivity by fostering wellness among all employees.

A Little At A Time. . .

Wellness at the worksite programs are incremental. You can start quite modestly and work up to more comprehensive efforts.

For example. . .

* A group runs after work.
  COST: no out-of-pocket cost for company or participant.

* A company library maintains health/wellness information center with materials from American Heart Association, American Cancer Society, Red Cross, private companies, and the local Cooperative Extension office.
  COST: staff time.

* Employees band together to take out group membership at YMCA/YWCA or local health club.
  COST: out-of-pocket cost for participants.

* Employees form a group to promote a safer work environment or educate themselves in stress reduction techniques.
  COST: Possibly modest fees to speakers or instructors from Red Cross or other organizations.

* Employer group brings organization such as Weight Watchers or Smoke Enders to help individuals meet their goals.
  COST: participant fees.

* Company contracts with turnkey wellness vendor to establish worksite program. In many cases, for-profit wellness concerns come in and train interested staff to be wellness coaches so that a stand-alone program is left in operation. (See Resources.)

  COST: $200 - $400 per participant.

* Mail your employee newsletter to employees' homes, so that the whole family will learn about wellness.

  COST: mailing costs.

Such programs are often established on a cost-sharing basis whereby the employer and the employee each pay part of the cost. As the program expands, non-employees, such as spouses and children, come in and help subsidize the wellness program by paying higher fees, thereby taking on a larger share of program costs.

Experienced wellness program managers stress the psychological value of charging program participants at least a nominal fee. Paying participants have a vested interest, a tangible commitment that keeps them actively involved in meeting personal and program goals.

What Is Wellness?

"Wellness" is in the air. We hear it from all sides. But what is it?

There is no single correct definition. Wellness is a multifaceted approach that takes many forms and addresses many needs, ranging from the physiological to the spiritual. But all wellness programs share one thing: an emphasis on the positive -- on what can be done to make people feel better.

Wellness is any of a number of active strategies for better living. The traditional idea of health care ends where disease leaves off. Wellness, on the other hand, is a continuum, ranging from the absence of disease to various levels of well-being.

In its fullest expression, wellness encompasses the whole person, taking into account not only the physical but also the emotional, social and, in some instances, spiritual aspects. Everything from aerobic dance and cardiopulmonary resuscitation (CPR) to stress management and environmental awareness can be part of wellness programs.

An integrated, balanced way for healthy people to help themselves feel better, wellness as defined in this manual has four major dimensions:

1. Exercise
2. Nutrition
3. Stress Reduction
4. Health/Safety awareness.

Each of the dimensions is important; each is worth pursuing on its own. Yet fully achieving wellness means having a common sense awareness of each of the four dimensions. Stress management complements exercise, health/safety awareness complements sensible nutrition.

What Is A Program?

The term "program" may make wellness efforts seem more formidable than they need be. A program simply implies some form of organized effort to promote good health among all employees. There is no prescribed set of activities.

A program might be built around one or more of the four integrated dimensions of wellness. The scope is up to you. It depends on the size of the business, as well as the time, people, and resources available to you.

Possible Wellness Programs

- Smoking Cessation
- Nutrition
- Hypertension Control
- Weight Control
- Exercise-Fitness
- Stress Management
- Handling Depression
- Employee Assistance Programs
- Alcohol-Drug Abuse Control
- Heart Attack Risk Reduction
- Cancer Risk Reduction
- Self-Care
- Emergency Medicine
- Accident Risk Reduction
- Cardiopulmonary Resuscitation (CPR)
- Heimlich Maneuver (Choking)
- Wise Use of Medical Benefits
- Lower-Back Pain Prevention
- Immunization
- Prevention of Dental Disease
- Parenting
- Preparing for Retirement
- Glaucoma Screening
- Special Disease Awareness: Sickle Cell Anemia

Questions and Answers

Q. People know about diet, exercise, and smoking but can't or won't do what they know they should do. Can we really change?

A. Yes. Look what's happened since 1970:

* A 15-20 percent decline in cigarette smoking;
* A 10-15 percent decline in consumption of saturated fat and cholesterol;
* At least a doubling in the number of people with high blood pressure under control;
* A boom in physical fitness and exercise.

There are more than 100 million people in the U.S. workforce. What would happen if a substantial number of their employers implemented worksite wellness programs?

PART 1

THE PROGRAM CYCLE—AT THE WORKSITE

Getting from theory to practice in wellness at the worksite programs is not an especially difficult task, but laying the groundwork for successful program operation does require some care.

Form a Leadership Team . . .

Of course, management support of the wellness at the worksite concept is essential. Putting together a nucleus or core group of employees at all levels who are committed to the wellness/health promotion idea will help to guarantee successful program operation. Ideally, such a group would include senior management, interested staff and local employee representative organizations.

. . . Identify a Leader

Ultimately, it will take a leader to make things happen, one person who is responsible for organizing programs, collecting data, calling meetings, and making reports. The leader is the catalyst. More than being the person who handles logistics, the leader is the one who wants to see health promotion happen at the worksite.

Fitting the Program to the Company

In order to determine exactly what type of program to institute for your company, you'll need to assess employee needs and take an inventory of local resources.

Ultimately, the wellness team might work toward developing interest groups that will design programs to meet specific staff needs, such as smoking cessation. The smoking cessation interest group might then identify local resources and organize a program for employees.

People experienced in wellness/health promotion agree that wellness cannot be imposed from above. The difference between a program that works and one that does not may be the staff's attitude toward it. If, from the employees' point of view, a proposed wellness at the worksite program does not meet their felt needs, the program will not work. Management theory holds that the best way to implement policy is to make sure that employees feel that they have helped to shape it, that they have "bought into" management's decisions.

The concept of "buying in" is especially relevant to wellness at the worksite programs that seek to change personal habits. People don't want to be lectured about the "shoulds" they are already too well aware of. From one point of view, wellness involves many of these shoulds: you should lose weight, you should quit smoking, drink less and exercise more. If employees perceive the wellness at the worksite program as just so many shoulds coming down from above, they probably will not take part in it.

In other words, employees must be given the opportunity to participate in program planning and implementation. If they feel that the wellness at the worksite program gives them a chance to do things they want to do -- such as losing weight or starting an exercise program -- they are far more likely to take part.

You Don't Know Until You Ask

Using a questionnaire to survey employees at all levels may be the most effective way to determine what sorts of activities they would be interested in. . .and would support. Results may point to one area, such as weight control or aerobic dance, or to a cluster of interests, ranging from training in CPR and the prevention of lower back problems to stress reduction workshops.

If feasible, you might want to take the needs of employees' families into consideration at this point. Spouses and children use health insurance benefits, too. And the family is a natural support system; involvement of family members may help reinforce wellness/health promotion at home as well as on the job.

Groups wishing to make more comprehensive background studies might try to identify common health problems by analyzing (subject to availability and privacy considerations) the nature of staff health insurance and worker's compensation claims as well as accident and safety records.

Analyzing the age and sex composition of employees can help identify specific disease risks the group faces. If, for instance, building staff is predomi-

nantly female and under 30 with a five percent smoker rate, smoking cessation and cardiovascular risk reduction would not be the best investment of time and money. General fitness and nutrition programs might be better suited to this group.

Taking Inventory

In looking around the company and the community, you may find many potential program pieces already in place or easily (and inexpensively) available.

Check out:

1. Existing Health Services

Your company may already offer employee health services such as:

* Pre-employment physicals;
* Periodic checkups;
* Blood pressure screenings;
* Employee assistance programs (EAP) for individuals in need of counseling;
* Flu shots;
* Various consumer and health education programs.

The leadership team may find that some of these services could be refocused to provide some of the elements of the worksite wellness program, such as training employees in basic medical self-care: when and how to take care of oneself,

when to see a physician and what to expect. At the very least, knowledge of existing services will help planners avoid duplication of effort.

2. Existing Facilities

Fitness programs are the centerpiece of many wellness health promotion programs. Athletic and physical education facilities should be checked for availability. Other space needs -- meeting rooms, counseling areas -- should be considered.

3. Learning Exchange

In taking inventory, don't overlook the interests of your employees. In addition to the health, physical education, and nutrition professionals on staff, you may find runners, CPR instructors, dancers, meditators, ex-smokers, and others willing to help out. Design the staff questionnaire to find out who's available to do what.

4. Existing Employee Benefits

There may be ways to use benefits to enhance or reinforce wellness programs.

Some ideas:

* Sick leave -- Would it be possible for a person to trade a given number of unused sick days for a well day?

* Training -- Could current policy be adapted to cover health-related classes or programs?

* On-site cafeteria/food service -- Could more healthful foods be made available? Would it be possible to offer reduced prices for salads, vegetables, and yogurt?

* At company parties -- Encourage better nutrition by serving healthy refreshments at company social functions.

* Health insurance -- Could rewards or incentives for healthier life styles be built into the current program without reducing existing benefits?

5. The Work Environment

How safe and healthful is it?

Is it possible to separate smokers from non-smokers in lounge and work areas or to ban smoking altogether? Are cigarette, soda, and junk food vending machines all too easily accessible?

Is it possible to allow staff exercise time before and after work or during lunch?

How safe is the building? Are stairwells accessible and well lit?

6. Community Resources

A lot can be done with a little, especially if program planners tap community resources available at nominal or no cost. Program planners who do a little research will find an embarrassment of riches out there.

Individual experts or specialists from voluntary groups such as:

* Cancer, diabetes, heart and lung associations;
* the Red Cross and YMCA/YWCA's;
* state and local health departments and the Cooperative Extension Service;
* health care providers (hospitals, health maintenance organizations); and
* commercial companies (ranging from insurance to pharmaceutical and food products)

will give lectures or teach classes at the worksite for free or at moderate cost.

Planning a Program

The next step is drawing up a plan for the company and its employees, outlining program goals and the proposed means of achieving them.

The key is designing the wellness at the worksite program with the individual employee in mind. Ideally, each participant should develop a custom-tailored program with specific goals and steps for reaching them. Group activities

(fitness classes, weight control groups, and the like), support systems and rewards are necessary complements to individual efforts.

At all steps, program leaders should make it clear that:

1. The program is voluntary.

2. Its goal is to help people make informed choices about their health.

3. Educational and informational services are available, as is motivational support, for those seeking to change their habits.

Before programs or classes begin, hold awareness and motivation sessions for all interested staff. Participants need to understand why the wellness program is important to their health and what they can reasonably expect to achieve. Seasoned wellness program managers advise that outside speakers are usually more effective in making these points. Employees are more likely to accept the advice of outside experts than the exhortations of all-too-familiar staff colleagues.

What Goals Are Realistic?

It is realistic to expect program participants to:

* lose weight
* stop smoking
* improve cardiovascular condition, muscle tone and flexibility

* learn basic medical self-care
* reduce stress levels
* develop better eating habits
* improve morale and productivity.

But it is not realistic to expect:

* no relapses to old health habits
* reversal of seriously deteriorated health in less than five years
* major improvement in health without major effort
* 100 percent participation in programs
* great reductions in health care expenditures in one or two years without major investment in the program
* an immediate drop in absenteeism
* increased productivity from each and every participant.

Establishing Baseline Data for Evaluation and Analysis

The start of the wellness cycle is the time to establish critical baseline data for later program analysis and evaluation. If at all possible, identify a control group of staff who will not be participating. Of course, it is important to realize that some employees may participate in wellness programs other than those offered at the worksite. By comparing health care costs of the control group to the costs experienced by staff participating in the wellness at the worksite program, you'll be able to get a fairly reliable measure of program impact.

The company wellness team could, for instance, collect comparative data for both participant and control groups, using a form like the one shown on the next page. At the end of the first year of program operation, the team would then collect corresponding health insurance, disability, and absentee information for the previous 12 months. Working year by year, it would be possible to compare trends in sick care costs before and after instituting wellness at the worksite programs as well as across participant and control groups.

Sick Care Costs Audit

1. Health Insurance

Premiums	19__ [five years ago]	19__	19__	19__	19__ [current year]
Single Coverage					
Family Coverage					

COSTS OF NOT TAKING ACTION

Percent change between years one and five = _____.

Assuming a constant rate of change, by 19__, (five years from now), we can expect to pay $_____ for the same number of employees — an increase of $_____ in the next five years.

2. Disability Payments

Workers' Compensation

Current year
Total $_____
Average per employee $_____

Social Security Disability

Current year
Total $_____
Total per employee $_____

3. Absenteeism

Total Days of Absenteeism (19__, current year) _____

times (X) Average cost per day _____ = _____

PLUS (+) Cost of Substitutes _____

Total cost of absenteeism _____

Total health insurance _____

Total disability _____

Miscellaneous costs _____

_____

TOTAL SICK CARE COSTS = $ _____

Managing the Wellness Cycle

Wellness programs are not one-time affairs. To be effective, wellness/health promotion programs need to be continuing efforts that develop through trial and error, constantly reformulating themselves. Thus the phrase, "wellness cycle" is used to imply that successful programs are a dynamic process of activity, evaluation, and new beginnings.

Seasoned wellness managers report that a sense of "false euphoria" often sets in after a program has been underway for some months. They advise that one must sidestep this potential pitfall and return to the beginning, surveying staff needs and setting new program goals.

Questions and Answers

Q. When's the best time to start a program?

A. There's no single answer to the question. But three times have proven especially good:

1. The fall, when people want to get back to serious work after the summer;

2. Early January, when people want to follow through on New Year's resolutions;

3. Early spring, a time of renewal when anxiety about the approach of swimsuit weather starts to set in.

Q. What community resources can help us develop and maintain our program?

A. The list is long. Some groups and organizations offer free resources, space, time, and staff; others charge for their services.

1. Voluntary agencies: local chapters of the American Cancer Society, American Heart Association, the American Medical Association, plus lung, diabetes, and arthritis associations.

2. Local YMCA/YWCA's and the Red Cross are especially active in health promotion/wellness. Groups such as Alcoholics Anonymous and other support organizations can help.

3. Public health departments often have health educators available; some have worksite programs.

4. Hospitals often have wellness, substance abuse, and employee assistance programs for organizations and individuals.

5. Colleges and universities, especially those with medical, dental, and nursing schools or programs in health education, public health, exercise physiology, and nutrition.

6. Professional organizations -- local medical, dental, and hospital associations may have material and are good sources of referrals.

7. Community organizations such as the United Way have general resource information. They often act as clearinghouses, providing information on a variety of topics.

8. Civic/Service Groups -- Lions Clubs have a blindness prevention program. Other men's and women's clubs may be valuable sources of volunteers, materials, and support.

9. The Cooperative Extension Service may sponsor community-based programs in exercise, nutrition, stress reduction, and health and safety awareness.

10. The President's Council on Physical Fitness and Sports has numerous resources.

11. For-profit Groups -- weight reduction and smoking cessation groups, life and health insurance companies, fitness/exercise programs, and commercial wellness programs.

PART 2

INDIVIDUAL CYCLE —THE PERSON

The individual is the focus of any working wellness program; the program cycle turns on the participant's needs and goals. From the individual's point of view, each revolution of the wellness cycle has six steps: screening, assessment, goal setting/prescriptions, group starter activities/educational experiences, feedback, and reassessment.

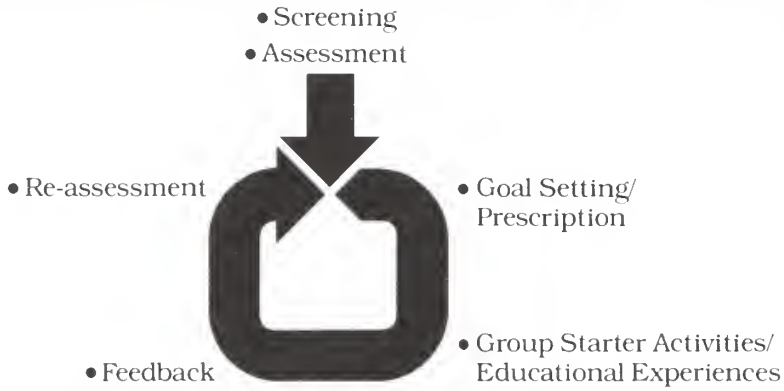

FIGURE 1

The Wellness Cycle

Here is how the steps of the wellness cycle work.

STEP-BY-STEP

Step One:

Screening -- To Reveal And Eliminate Gross Health Risks

Consult community health care professionals on the use of appropriate medical history forms for use in screening out unacceptable risks such as potential participants with serious heart conditions. Make sure that the forms or screening processes can accommodate the varying levels of education and linguistic proficiency of your employees.

With the assistance of consulting health professionals, set criteria for disqualifying individuals at risk from exercise or other programs.

Take medical histories of employees and, in consultation with health care professionals, screen out those at risk.

Note:

For any number of reasons, people tend to give inaccurate or incomplete information when asked to fill out health history forms. When such forms are administered orally, with a health care professional asking the questions, the answers may be fuller and more accurate. Some of the more technical parts of this form would have to be filled out by a family physician.

SAMPLE

Medical History Form

Name _____

Company/Department _____

Date _____

1. Age _____ **2. Sex** _____

4. Medical Background

Please check if you have had any of the following:

Disease of the heart or arteries _____
Diabetes or abnormal blood sugar _____
Stroke _____
Epilepsy _____
Anemia _____
Abnormal chest x-ray _____
Asthma _____
Other lung disease _____
Orthopaedic or muscular problems _____

If you checked any of the above, please explain in more detail:

_____

_____

_____

5. Present Health Status

Please note if any of the following apply to you:

Diseases of heart or arteries _____
Doctor said blood pressure too high or too low _____
Doctor said EKG (electrocardiogram) abnormal _____
Diabetes _____
Epilepsy _____
Stroke _____
Chest x-ray abnormal _____
Asthma _____
Other lung disease _____
Orthopaedic or muscular problems _____

Please explain in more detail the items you checked:

_____

_____

_____

6. Physical Activity

Are you taking part in a regular exercise program? Yes _____ No _____

Do you regularly walk or run one or more miles without stopping? Yes _____ No _____

If you answered "yes," how many miles do you average per day or in a typical workout? Miles _____

How long does it take you to cover a mile? Time (Min:sec) _____

Do you lift weights or do calisthenics? Yes _____ No _____

Do you take part in competitive sports? Yes _____ No _____

If "yes," list them: _____

How often? (times per month) _____

_____

If not exercising at present, how long has it been since you last exercised regularly? _____

7. Cardiovascular Disease in Family

Has anyone in your family suffered from cardiovascular disease (myocardial infarction, hypertension, hyperlipidemia)

Who (What relation to you)	**Nature of problem**	**Age at onset or death**

8. Smoking

Do you smoke? Yes _____ No _____

If "yes," how many packs a day? _____

If you're a former smoker, how long ago did you quit? _____

9. Stress and Tension Level

How would you describe yourself?

1. Relaxed, not at all tense _____
2. Somewhat tense _____
3. Moderately tense _____
4. Very tense _____

10. Medications Used

Please list any medications you are taking:

Medication (name)	**Dosage**		**Taken since:**
	Strength	**How often**	

DO NOT WRITE BELOW THIS LINE

11. Risk Analysis

[To be filled out by program coordinator or consultant]

Risk Factors	Current Level	At risk (check)
Personal History		_____
ECG	_____	_____ (positive)
Blood Pressure	_____	_____ (>140/90)
Inactivity	_____	_____
Obesity	_____ % fat	_____ (>22-19%)
	_____ height	
	_____ weight	
Hyperlipidemia:		
Cholesterol	_____ mg%	_____ (>250mg)
Triglycerides	_____ mg%	_____ (>150mg)
Glucose	_____ mg%	_____ (>110mg)
HDL ratio (total cholesterol divided by HDL)	_____	_____ (>4.5)
Family History	_____	_____
Smoking	_____	_____
Tension	_____	_____ (>level 3)
Diabetes	_____	_____
Age	_____	_____ (>40)
Resting Heart Rate	_____	_____ (>90)

Adapted from Medical History Form,
Institute for Aerobics Research

STEP TWO:
ASSESSMENT — TAKING THE WELLNESS PROFILE.

The following test developed by the United States Public Health Service has six sections:

1. Smoking
2. Alcohol and Drugs
3. Nutrition
4. Exercise and Fitness
5. Stress Control
6. Safety

Healthstyle

A Self-Test

All of us want good health. But many of us do not know how to be as healthy as possible. Health experts now describe *lifestyle* as one of the most important factors affecting health. In fact, it is estimated that as many as seven of the ten leading causes of death could be reduced through common-sense changes in lifestyle. That's what this brief test, developed by the Public Health Service, is all about. Its purpose is simply to tell you how well you are doing to stay healthy. The behaviors covered in the test are recommended for most Americans. Some of them may not apply to persons with certain chronic diseases or handicaps, or to pregnant women. Such persons may require special instructions from their physicians.

	Almost Always	Sometimes	Almost Never
Cigarette Smoking			
If you *never smoke*, enter a score of 10 for this section and go to the next section on *Alcohol and Drugs*.			
1. I avoid smoking cigarettes.	2	1	0
2. I smoke only low tar and nicotine cigarettes or I smoke a pipe or cigars.	2	1	0
Smoking Score: _____			
Alcohol and Drugs			
1. I avoid drinking alcoholic beverages *or* I drink no more than 1 or 2 drinks a day.	4	1	0
2. I avoid using alcohol or other drugs (especially illegal drugs) as a way of handling stressful situations or the problems in my life.	2	1	0
3. I am careful not to drink alcohol when taking certain medicines (for example, medicine for sleeping, pain, colds, and allergies), or when pregnant.	2	1	0
4. I read and follow the label directions when using prescribed and over-the-counter drugs.	2	1	0
Alcohol and Drugs Score: _____			
Eating Habits			
1. I eat a variety of foods each day, such as fruits and vegetables, whole grain breads, and cereals, lean meats, dairy products, dry peas and beans, and nuts and seeds.	4	1	0
2. I limit the amount of fat, saturated fat, and cholesterol I eat (including fat on meats, eggs, butter, cream, shortenings, and organ meats such as liver).	2	1	0
3. I limit the amount of salt I eat by cooking with only small amounts, not adding salt at the table, and avoiding salty snacks.	2	1	0
4. I avoid eating too much sugar (especially frequent snacks of sticky candy or soft drinks).	2	1	0
Eating Habits Score: _____			
Exercise/Fitness			
1. I maintain a desired weight, avoiding overweight and underweight.	3	1	0
2. I do vigorous exercises for 15-30 minutes at least 3 times a week (examples include running, swimming, brisk walking).	3	1	0
3. I do exercises that enhance my muscle tone for 15-30 minutes at least 3 times a week (examples include yoga and calisthenics).	2	1	0
4. I use part of my leisure time participating in individual, family, or team activities that increase my level of fitness (such as gardening, bowling, golf, and baseball).	2	1	0
Exercise/Fitness Score: _____			

YOU Can Start Right Now!

In the test you just completed were numerous suggestions to help you reduce your risk of disease and premature death. Here are some of the most significant:

Avoid cigarettes. Cigarette smoking is the single most important preventable cause of illness and early death. It is especially risky for pregnant women and their unborn babies. Persons who stop smoking reduce their risk of getting heart disease and cancer. So if you're a cigarette smoker, think twice about lighting that next cigarette. If you choose to continue smoking, try decreasing the number of cigarettes you smoke and switching to a low tar and nicotine brand.

Follow sensible drinking habits. Alcohol produces changes in mood and behavior. Most people who drink are able to control their intake of alcohol and to avoid undesired, and often harmful, effects. Heavy, regular use of alcohol can lead to cirrhosis of the liver, a leading cause of death. Also, statistics clearly show that mixing drinking and driving is often the cause of fatal or crippling accidents. So if you drink, do it wisely and in moderation.

Use care in taking drugs. Today's greater use of drugs—both legal and illegal—is one of our most serious health risks. Even some drugs prescribed by your doctor can be dangerous if taken when drinking alcohol or before driving. Excessive or continued use of tranquilizers (or "pep pills") can cause physical and mental problems. Using or experimenting with illicit drugs such as marijuana, heroin, cocaine, and PCP may lead to a number of damaging effects or even death.

Eat sensibly. Overweight individuals are at greater risk for diabetes, gall bladder disease, and high blood pressure. So it makes good sense to maintain proper weight. But good eating habits also mean holding down the amount of fat (especially saturated fat), cholesterol, sugar, and salt in your diet. If you must snack, try nibbling on fresh fruits and vegetables. You'll feel better—and look better, too.

Exercise regularly. Almost everyone can benefit from exercise—and there's some form of exercise almost everyone can do. (If you have any doubt, check first with your doctor.) Usually, as little as 15–30 minutes of vigorous exercise three times a week will help you have a healthier heart, eliminate excess weight, tone up sagging muscles, and sleep better. Think how much difference all these improvements could make in the way you feel!

Learn to handle stress. Stress is a normal part of living; everyone faces it to some degree. The causes of stress can be good or bad, desirable or undesirable (such as a promotion on the job or the loss of a spouse). Properly handled, stress need not be a problem. But unhealthy responses to stress—such as driving too fast or erratically, drinking too much, or prolonged anger or grief—can cause a variety of physical and mental problems. Even on a very busy day, find a few minutes to slow down and relax. Talking over a problem with someone you trust can often help you find a satisfactory solution. Learn to distinguish between things that are "worth fighting about" and things that are less important.

Be safety conscious. Think "safety first" at home, at work, at school, at play, and on the highway. Buckle seat belts and obey traffic rules. Keep poisons and weapons out of the reach of children, and keep emergency numbers by your telephone. When the unexpected happens, you'll be prepared.

Stress Control	Almost Always	Sometimes	Almost Never
1. I have a job or do other work that I enjoy.	2	1	0
2. I find it easy to relax and express my feelings freely.	2	1	0
3. I recognize early, and prepare for, events or situations likely to be stressful for me.	2	1	0
4. I have close friends, relatives, or others whom I can talk to about personal matters and call on for help when needed.	2	1	0
5. I participate in group activities (such as church and community organizations) or hobbies that I enjoy.	2	1	0

Stress Control Score: _____

Safety			
1. I wear a seat belt while riding in a car.	2	1	0
2. I avoid driving while under the influence of alcohol and other drugs.	2	1	0
3. I obey traffic rules and the speed limit when driving.	2	1	0
4. I am careful when using potentially harmful products or substances (such as household cleaners, poisons, and electrical devices).	2	1	0
5. I avoid smoking in bed.	2	1	0

Safety Score: _____

What Your Scores Mean to YOU

Scores of 9 and 10
Excellent! Your answers show that you are aware of the importance of this area to your health. More important, you are putting your knowledge to work for you by practicing good health habits. As long as you continue to do so, this area should not pose a serious health risk. It's likely that you are setting an example for your family and friends to follow. Since you got a very high test score on this part of the test, you may want to consider other areas where your scores indicate room for improvement.

Scores of 6 to 8
Your health practices in this area are good, but there is room for improvement. Look again at the items you answered with a "Sometimes" or "Almost Never." What changes can you make to improve your score? Even a small change can often help you achieve better health.

Scores of 3 to 5
Your health risks are showing! Would you like more information about the risks you are facing and about why it is important for you to change these behaviors. Perhaps you need help in deciding how to successfully make the changes you desire. In either case, help is available.

Scores of 0 to 2
Obviously, you were concerned enough about your health to take the test, but your answers show that you may be taking serious and unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. You can easily get the information and help you need to improve, if you wish. The next step is up to you.

Where Do You Go From Here:

Start by asking yourself a few frank questions: Am I really doing all I can to be as healthy as possible? What steps can I take to feel better? Am I willing to begin now? If you scored low in one or more sections of the test, decide what changes you want to make for improvement. You might pick that aspect of your lifestyle where you feel you have the best chance for success and tackle that one first. Once you have improved your score there, go on to other areas.

If you already have tried to change your health habits (to stop smoking or exercise regularly, for example), don't be discouraged if you haven't yet succeeded. The difficulty you have encountered may be due to influences you've never really thought about—such as advertising—or to a lack of support and encouragement. Understanding these influences is an important step toward changing the way they affect you.

There's Help Available. In addition to personal actions you can take on your own, there are community programs and groups (such as the YMCA or the local chapter of the American Heart Association) that can assist you and your family to make the changes you want to make. If you want to know more about these groups or about health risks, contact your local health department or mail in the coupon below. There's a lot you can do to stay healthy or to improve your heath—and there are organizations that can help you. Start a new HEALTHSTYLE today!

For more information, place a check ☑ beside the topic(s) of interest to you.

☐ Smoking ☐ Nutrition ☐ Safety
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Stress

Name _____

Street _____

City _____ State _____ Zip _____

Clip this portion and send to:
National Health Information Clearinghouse
P.O. Box 1133
Washington, D.C. 20013

Healthstyle is simply one example of wellness inventory instruments. See the Resources section for other examples of wellness/lifestyle inventories.

For those wishing to confine wellness activities to one of the four dimensions, there are simple self-administered tests to determine fitness, ideal weight, and so forth.

For instance, a rough approximation of ideal height and weight can be calculated using this formula:

Men = height in inches x 4 minus 128.

Example: Man six feet tall (72") should weigh about 160 lbs.
(72 x 4 - 128 = 160).

Women = height in inches x 3.5 minus 108.

For instance, target heart rate can be calculated as follows:

1. Maximum heart rate = 220 beats per minute minus your age.

2. Target heart rate (during exercise) = 70 to 85 percent of maximum heart rate.

3. Normal resting heart rate = 60 to 80 beats per minute.

Example: 45 year old person
Max heart rate = 220 - 45 or 175
Target heart rate = 175 x .7 to .85 or 123 to 149.

STEP THREE: SETTING GOALS

Working with fellow participants, staff members decide on their goals in fitness, nutrition, stress reduction, and health and safety and let group know how they plan to achieve them. Whether the wellness goals are in weight control or stress reduction, participants will find that the Weight Watchers model—announcing goals before peers in order to establish commitment and provide reinforcement—works well.

The form on the right is adapted from one used in the Fairfax County, Virginia Wellness at the School Worksite program.

Some wellness programs make use of even more comprehensive behavioral contracts in specific areas such as nutrition and exercise, listing detailed goals in diet, calorie control, fat and sodium intake, and in frequency, intensity, and duration of exercise. For each goal, calorie control for instance—the participant lists current level, the goal level, and the time set to reach the goal. (See the Resources section for some examples.)

Health Habits

A worksheet

1. List four or five health habits you would like to develop (more sensible eating, regular exercise, coping with stress, etc.)

a. _____

b. _____

c. _____

d. _____

2. Now, go back and circle the habit you would most like to develop.

3. Turn your wish into a goal. Set target dates for starting towards and reaching that goal.

_____

_____

4. Helps and Hindrances

What will help you reach your goal? What will stand in the way?

Helps	**Hindrances**
_____	_____
_____	_____
_____	_____

5. Action Plan:

Who (name)?	**Will do what?**	**Starting when** (date)?

6. Write down the names of a few people who will help you reach your goal.

Wellness Support System	**Signatures** (of support people)
Name _____	_____
Name _____	_____
Name _____	_____

7. Evaluation of progress:

Did I reach my goal? _____

Did my support system help? _____

Is it a permanent change? _____

Do I feel better? _____

Size And Scope Are Up To You

As we've seen, wellness at the worksite programs are incremental; they can start quite simply and modestly and grow as much or as little as your company and employees want. Programs range from the informal to the highly structured, from self-help operations to turnkey wellness programs marketed by outside organizations.

As this manual stresses, ample resources are available, locally and nationally, for employees to organize and operate wellness programs largely on their own. Training staff in medical self-care is a good example of this approach. And it's one that can make an immediate impact on health care costs. For those willing to make the investment, commercial wellness programs do, however, offer some advantages. Since they are run by professionals, or by staffers trained by professionals, they may be more consistent in quality and impact than programs managed entirely by volunteers. Many of these programs give participants specific exercise and nutrition prescriptions, using relatively sophisticated assessment findings. The major advantage here is that prescriptions from a recognized authority in exercise, nutrition or stress control may carry more weight with participants and therefore provide stronger motivation to meet or exceed individual goals.

But it should be stressed that company-based, volunteer managed programs can have substantial impact on staff well-being. There are many models for the committed and thoughtful wellness team or leader to follow, and an embarrassment of riches in terms of program ideas, materials, and even people available

from public sources. And the basic strategy of articulating goals before a group of peers and using one another for support is one that can be followed in any company, regardless of program size or budget.

Step Four:

Group Starter Activities

Educational Experiences

Group activities and educational sessions are the logical extension of goal setting. People with similar interests and goals band together to support, motivate, and inform one another. In a given group, activities and discussion sessions might be built around any or all of the four wellness dimensions: exercise, nutrition, stress reduction, and health/safety awareness.

Group starter activities might meet weekly for the first three or four months and then adjust scheduling according to the needs of the group. An activity might simply be meeting to do warm-up and cool-down exercises before and after jogging in the late afternoon. Or it might be a more structured meditation/stress reduction group or CPR class.

Educational sessions involving outside speakers, reading, and discussion can be organized to complement and reinforce group activities or to deal with other altogether different matters such as alcohol and drug abuse, defensive driving or the effects of chemical additives in packaged foods.

STEP FIVE:
FEEDBACK

This step occurs naturally in the wellness cycle since it follows from goal setting and group support. The feedback stage is the work of individual participants and their groups in monitoring progress toward reaching announced goals.

There are many ways of reinforcing participation and meeting personal goals. Not all of them are formal. The existence of groups, however small and informal, is itself a strong motivational force. Shared interests, camaraderie, and good humor can help ease the way for someone trying to stop smoking, start exercising or lose weight. Beyond a point, no organization is necessary to guarantee that a group offer its members feedback about their progress.

STEP SIX:
REASSESSMENT

At this point, the individual participants measure their progress against stated goals and baseline levels and decide whether to establish new goals in the target areas or to move on to other areas of wellness.

STEP SEVEN:

THE CYCLE BEGINS AGAIN--SETTING NEW GOALS

By now, the cycle may well be self-governing. Veteran participants will continue and refine existing classes and activities. And they will be available to help newcomers get involved in the wellness at the worksite program.

Successful programs are self-promoting. What was a small nucleus, what we have been calling the wellness team, will grow and change. Interest in the four dimensions of wellness will broaden. People who started out with one limited goal, such as quitting smoking, may progress into fitness and nutrition activities. Others already involved in exercise and diet programs may move on to stress reduction and health/safety awareness workshops. New leaders and new program possibilities will emerge.

The wellness at the worksite program will make a difference. Management and employees will see tangible results: absenteeism down X percent or one colleague several pounds lighter. But the intangible results may be the most striking outcome. With the wellness at the worksite program giving a new focus to life at the worksite, the place may take on a fresh spirit that affects everyone--in and out of the program.

SECTION THREE

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1. A MODEL WELLNESS PROGRAM CREATED BY EMPLOYEES

(Adapted from Fairfax County, Virginia Schools)

Developed by Marie Louise Sterne, Curriculum Specialist

Program Goals

To enhance wellness within the schools, as evidenced by:

1. Greater cohesiveness
2. Improved communication
3. Improved self-esteem
4. Improved morale
5. More supportive staff
6. Reduced absenteeism
7. More energy
8. Greater productivity
9. Less draw on sick leave bank
10. Less draw on medical insurance
11. Greater commitment to school mission
12. Reduced burnout
13. Greater motivation
14. More positive attitudes

Program Activities

Having secured management-level support for the wellness at the worksite concept, the wellness program manager and directors work with school administrators to assess the health status awareness and interest of staff and to organize employee peer planning teams to develop intervention strategies.

Focusing on school worksite and individual staff needs, the planning teams create program activities in the following areas:

Key

SB = School-based
CB = Community-based
EB = Based in either school or community

Smoking

• Smoke-free lounge	**SB**
• Smoke-free eating environment	**SB**
• Group non-smokers in offices	**SB**
• Provide adequate ventilation	**SB**
• Publicize smoking cessation clinics	**CB**

Alcohol-Drug Abuse

• Awareness classes on chemical dependency	**EB**
• Identification	**CB**
• Employee assistance program: referrals	**EB**

Nutrition

• Healthy, low calorie snacks at meetings	**SB**
• Decaffinated beverages as alternatives	**SB**
• Salad bar in cafeteria	**SB**
• Healthy snacks in vending machines	**SB**
• Awareness and education sessions	**EB**
• Support group: incentives	**SB**

Physical Fitness

• Support individual and group desire to exercise	**SB**
• Aerobics classes	**EB**
• Jogging/Running	**EB**
• Cycling Club	**EB**
• Group Spa or "Nautilus" membership	**EB**
• Group court time for tennis, raquetball or handball	**EB**
• Workplace challenge volleyball teams	**SB**
• Workplace bowling teams	**CB**
• Group exercise classes	**EB**
• Lessons in individual sports	**CB**
• Publicize recreation classes and leagues	**SB**
• Organize staff trips: cycling, skiing, back packing, hiking, canoeing or camping	**SB**
• Maintain staff garden plot	**EB**

Individual Health/Safety

• Creating a safe work environment	**EB**
• Injury prevention	**EB**
• Lower-back problems	**EB**
• First Aid/CPR training	**EB**
• Medical self-care	**EB**
• Defensive driving/Seatbelt awareness	**EB**

Stress Reduction

• Learning more effective class management	**SB**
• Learning more effective time management	**SB**
• Improving the work climate in the school building	**SB**
• General stress reduction strategies	**EB**

2. A COMMERCIAL WELLNESS PROGRAM THAT HAS BEEN TESTED IN COMPANIES

PALS®: Personalized Aerobics Lifestyle System

"PALS®" is a self-contained program including assessment of past and current lifestyle patterns and development of personal goals to promote "a more positive well-being attitude."

By monitoring health, exercise, and nutritional trends, PALS® helps people carry out comprehensive plans for personal growth. Education and strong motivational techniques provide the understanding necessary to work toward "total well-being."

Based on Dr. Kenneth H. Cooper's aerobics system, the PALS® program works in four areas:

- Appraisal and Goal Setting
- Exercise and Nutrition Prescription
- Program Maintenance
- Information and Support Materials

EXERCISE AND NUTRITION

The program treats exercise and nutrition as the base from which other lifestyle changes, such as smoking cessation, stress reduction, and drug/alcohol control, may be achieved. The idea is that improving overall health will establish a basis of positive change from which to work toward other goals.

The program provides the following for each participant:

1. Medical Screening

A comprehensive medical review inclusive of health history, health hazard appraisal, resting and exercise electrocardiogram, resting blood pressure, resting heart rate, and blood analysis.

2. Fitness Assessment

An evaluation of physical fitness level, including flexibility, strength, body girth, body composition, cardiovascular assessment, nutritional assessment, and psychological profile.

3. Goal Setting

An individual counseling session to review all test results (health, fitness, and nutrition) and to apply these results to specific goals and directions for improvement.

4. Exercise and Nutrition Prescriptions

An individualized prescription designed to improve cardiovascular health, weight control, strength, flexibility, and nutrition (as it relates to coronary risk and overall fitness).

5. Educational Modules

Weekly classes (50 minutes each) supported by a workbook/manual and audiovisual materials on five topics related to the specific needs of participants. Discussion and written feedback (report cards) are part of the weekly classes.

6. Exercise Leadership

Regular exercise sessions (55 minutes) to teach correct exercise techniques and reinforce group exercise.

7. Motivation

A variety of techniques and sources to create program interest, enthusiasm, and adherence, including behavioral contract.

8. "Fitcheck®" Feedback

Fitness re-assessment to monitor and evaluate individual progress toward personal goals.

PROGRAM IMPACT

The PALS® wellness program seeks to achieve its impact in stepwise manner. Changes at one level promote improvements at the next. Knowledge spurs changes in activity and lifestyle behavior, which, in turn, bring about changes in health, fitness, and attitude. These changes facilitate further changes in stress management and job performance.

Levels of Change

Job Performance

Stress Management

Attitudes

Health/Fitness Status

Healthy Lifestyles

Activity

Knowledge

For more information contact:

Charles L. Sterling, Ed.D.
Executive Director
Institute for Aerobics Research
The Aerobics Center
12330 Preston Road
Dallas, TX 75320

(214) 239-7223
(800) 527-0362

1. ASSESSMENT INSTRUMENTS

Some Available Wellness Inventories

1. Your Lifestyle Profile
   Operation Lifestyle
   Information Directorate
   Health and Welfare, Canada
   Ottawa, Ontario KIA OK9

   Free. Self-administered questionnaire developed by Canadian Ministry of Health.

2. Healthstyle: A Self-Test
   National Health Information Clearinghouse
   P.O. Box 1133
   Washington, D.C. 20013 - 1133
   (800) 336-4749

   Free. Pamphlet published by U.S. Public Health Service. Covers nutrition, drug and alcohol use, smoking, fitness, stress, and safety. Each section scored on scale of one to ten. Includes suggestions for improvement.

3. Health Protection Plan
   Preventive Medicine Institute/Strang Clinic
   55 East 34th Street
   New York, NY 10016
   (212) 683-1000

   Free. Risk factors for eight kinds of cancer, plus heart disease and stroke. Includes personal health form.

4. Risko: A Heart Hazard Appraisal
   American Heart Association
   7230 Greenville Avenue
   Dallas, TX 75321
   (214) 750-5414

   Single copies free from AHA, Dallas. For multiple copies contact state affiliates.

5. How Do Your Habits Affect Your Health?
   Idaho Health Systems Agency, Inc.
   306 North 5th Street
   P.O. Box 8868
   Boise, ID 83707
   (208) 336-1660

   Quiz based on Canadian Lifestyle Profile.
   Free: "small fee for reproduction when current supply is exhausted."

6. Health Graph
University of Rhode Island Health Services
Health Education Department
4th Floor, Roosevelt
Kingston, RI 02881
(401) 792-5954

$.15. Quiz includes basic wellness categories, plus heredity, health fads, sexuality, and health resources. Summarizes risks but gives no overall score.

7. Lifescore for Your Health
Center for Corporate Health Promotion
11490 Commerce Park Drive
Suite 140
Reston, VA 22091
(703) 860-9090

$.85. Volume discounts available. Includes sections on environmental factors, family medical history, and utilization of health care, as well as sections on exercise, diet, and lifestyle. Scores given in terms of general health and life expectancy.

8. Total Life Stress test and Symptom Index
Self-Help Systems
Route 1, Box 127
Fair Grove, MD 65648
(417) 467-2900

$1.00. Quantity discounts available. The emphasis is on stress in this questionnaire which also evaluates sugar, salt, nicotine, alcohol, and drug consumption. Scores indicate user's need to reduce chemical, physical or emotional stress.

9. Your Health Profile
Health Education Center
200 Ross Street
Pittsburgh, PA 15219
(412) 392-3160

$2.00 each. This questionnaire comes in three versions: teen, adult, and senior citizen, each focusing on the health habits and lifestyles relevant to specific age groups.

Some Available Health Risk Appraisals

SEND-AWAY COMPUTER-SCORED HRA'S

1. Health Risk Appraisal
Centers for Disease Control
Center for Health Promotion and Education
Program Services and Development Branch
1600 Clifton Road, Building 3, Room 108
Atlanta, GA 30333
(404) 329-3452

Field tested through state and local health departments, this HRA is a more extensive version of the microcomputer program mentioned below. Printout shows appraisal and achievable ages and lists behavior that could reduce risks. The CDC does *NOT* process questionnaires, but it sells the software and documentation for $40 and makes them available to public agencies at no charge. May be available through state health agencies.

2. Health 80's Questionnaire
Medical Datamation
5433 Strong Ridge Road
Bellevue, OH 44811
(800) 537-2893

$8-14.00 per evaluation; volume discounts available. Available in several versions, varying according to the amount of information needed. All collect detailed medical as well as lifestyle information. Printout describes risks in relation to risks faced by others of same age and sex.

3. Health Hazard Appraisal
Prospective Medicine Center
Suite 219
3901 North Meridian
Indianapolis, IN 46208
(317) 923-3600

$8.50 per evaluation; volume discounts available. Developed by two physicians at Indianapolis Methodist Hospital, This HRA provides a report that combines narrative, bar graph, and tabulated data showing risks, appraisal age, and ways to lower appraisal age.

4. Health Hazard Appraisal Questionnaire
Theresa L. Braun
Department of Epidemiology and International Health
1699 HSW
University of California
San Francisco, CA 94143
(415) 666-1158

$3 per evaluation. Personal and family medical history are substantial parts of this questionnaire which includes a special section on women. Printout gives appraisal and achievable ages, compares subject's risk factors with those of others of same age, sex, and race and recommends ways to reduce risks.

5. Health Rap
Health Enhancement and Promotion Company
P.O. Box 546
Ames, IA 50010
(515) 232-9277

$5.50 per evaluation; volume discounts may be available. Uses Centers for Disease Control HRA (see above), plus another 46 questions on wellness. Printout provides in narrative format both a standard risk profile and a wellness index.

Also being marketed by Random House (201 East 50th St., New York, NY 10022) in conjunction with its college textbook series *Life and Health*.

6. Health Risk Appraisal
University of Michigan Fitness Research Center
Department of Physical Education
401 Washtenaw Avenue
Ann Arbor, MI 48109
(313) 763-2462

$4-5 per evaluation; volume discounts available. Covers health-related behavior and personal medical status. Report includes narrative interpretation of tabulated risk data and a summary profile. Deluxe version with specific risk factors and ways to reduce them is also available.

7. Health Risk Appraisal Questionnaire
St. Louis County Health Department
504 East Second Street
Duluth, MN 55805
(218) 727-8661

$5 per evaluation; volume discounts available. Based on Methodist Hospital instrument (#3 above). Covers personal and family medical history, health habits, and women's health. Printout shows client's risk factors for 12 leading causes of death as percentage by which he or she deviates from the average. Appraisal and achievable ages are also given, as are behavioral changes that could reduce risk.

8. Health Risk Assessment Questionnaire
Wisconsin Center for Health Risk Research
University of Wisconsin Center for Health Sciences
600 Highland Avenue
Madison, WI 53792
(608) 236-1771

$5 per evaluation; volume discounts available. Profile describes and discusses risks that client can and cannot control and gives most likely causes of death over the next ten years for the client's demographic group. Also gives appraisal and achievable ages and suggests ways to reduce risk.

9. Health Risk Profile
Steve Ruff
Life Extension Division
Control Data Corporation
P.O. Box 0
8100 34th Avenue South
Minneapolis, MN 55440
(800) 853-7777 or (612) 853-8192

$12 per evaluation; $18.50 with blood work. Projects client's risks of dying from ten leading causes of death in his or her age group. Also available through Control Data's Life Extension Institutes in San Diego and New York.

10. Health Risk Questionnaire
Health Enhancement Systems
9 Mercer Street
Princeton, NJ 08540
(609) 924-7799

$5-6 per evaluation; volume discounts available. Report gives combination of narrative and tabulated data, discussing risk factors for 15 major diseases. A general "Well-Being Questionnaire" to measure stress is optional.

11. Health Status Profile
Health Enhancement Systems
9 Mercer Street
Princeton, NJ 08540
(609) 924-7799

$13 per evaluation; volume discounts available. This 23-page questionnaire collects information on current symptoms, medications used, and medical history, and probes nutrition, stress, and exercise habits in detail. Client may write out questions to be reviewed and answered in writing by physician. Gives appraisal age and discusses individual findings on detail. Also provides suggested reading.

12. LIFE
Computerized Health Appraisals
13705 Southeast 142nd Street
Clackemas, OR 97015
(503) 658-5959

$10 per evaluation. Printout lists 20 major risk indicators, the client's values for these, and recommended values. Makes recommendations for reducing risk. A nutrition profile, stress profile, and appraisal and achievable ages are included.

13. Lifestyle Assessment Questionnaire
Institute for Lifestyle Improvement
University of Wisconsin-Stevens Point
Delzell Hall
Stevens Point, WI 54481
(715) 346-2611

$7 per evaluation; volume discounts available. Extensive questionnaire covers habits, behavior, medical history, and women's health. "Topics for Personal Growth" section asks client to select topics on which to receive more information. Printout then suggests specific films, books, and resources on these topics. Printout also compares level of wellness to the average of all others who have taken the test and displays risk factors and ways to reduce them.

14. Personal Risk Profile
General Health
1046 Potomac Street, N.W.
Washington, D.C. 20007
(800) 424-2775 or (202) 965-4881

$20 per evaluation; volume discounts available. Computer analysis yields report that contains brief descriptions of each individual's risks plus background information on risk estimation. *Custom Risk Profiles*, tailored to the needs of an organization, *Group Risk Profile*, and a more comprehensive *Personal Health Profile* are also available.

15. PULSE
Shawn M. Connors
International Health Awareness Center
148 East Michigan Avenue
Kalamazoo, MI 49007
(616) 343-0770

$24.50 average cost per evaluation. 20-page narrative report describes personal health status, compares individual's mortality risks with others in same demographic group, and evaluates nutrition, exercise, weight, stress, dental status, and health knowledge. Gives appraisal and achievable ages as well as ways to reduce risk.

16. Regional Health Resource Center Health Hazard Appraisal
Regional Health Resource Center
Medical Information Laboratory
1408 West University Avenue
Urbana, IL 61810
(217) 367-0137

$4-10 per evaluation. This HRA yields a five-page report that combines narrative and tabulated information. A "General Well Being Questionnaire" can be included to measure stress. The report gives 10-year mortality estimates for the 12 leading causes of death for the client's age, race, and sex, as well as the effects of lifestyle improvement on mortality estimates. Gives advice on reducing risks. Optional group profile includes the estimated reduction in workforce mortality achievable through specific wellness programs.

17. Your Health Risk Questionnaire
WELL AWARE About Health
University of Arizona
Box 43338
Tuscon, AZ 85733
(602) 297-2690 or 626-3055

$15 per evaluation; $18 with laboratory data; volume discounts available. The 16-page report includes mortality projections, but the emphasis is on quality of life and current risks which WELL AWARE sees as more influential with adults under 40. Background information on risk indicators appears on the left-hand pages; the client's risk level and prescriptions for change are on the facing pages.

MICROCOMPUTER-BASED HEALTH RISK APPRAISALS

1. Health Risk Appraisal
HRA Microcomputer Software
Building 3, Room 108
Center for Health Promotion and Education
Centers for Disease Control (CDC)
Atlanta, GA 30333
(404) 329-3452

Covers exercise, nutrition, stress, safety, tobacco, drugs and alcohol, life satisfaction, and medical history. Yields 2-page printout. For IBM PC with 128K. $40; may be available through state health departments.

2. Health Risk Appraisal
National Health Screening Council for Volunteer Organizations (NHSCVO)
5161 River Road, Bldg 2
Bethesda, MD 20816
(301) 942-6601

Based on Center for Disease Control's HRA but uses simplified printout Intended for use *ONLY* at NHSCVO-sponsored health fairs; free to those fairs.

3. Personal Health Inventory
American Health Management and Consulting Corporation
85 Old Eagle School Road
Strafford, PA 19087
(215) 293-9367

For Apple II; $34.95 for personal version; $200 for corporate version. This interactive appraisal covers health habits and lifestyle, some physiological measurements, medical care, and women's health. Results are shown in a five-minute color graphic analysis of participant's risks. Results can also be printed out. Format combines narrative and tabulated data on participant's risk of dying from the ten most frequent causes of death. Gives appraisal age, achievable age, and ways to reduce risk.

Sample Wellness Inventory

LIFESTYLES

Introduction

The purpose of this study of lifestyles is to increase your level of awareness of the areas in your life over which you have control and that have a direct impact on your health.

Awareness does not cause change, but it is a necessary first step. This lifestyle assessment survey will show you some ways in which your behavior affects your health. Use the insights you gain to improve your health.

Directions

Put a check beside each statement that applies to you.

1. Alcohol Use

_____ I drink less than two drinks a day.

_____ In the past year, I have not driven an automobile after having more than two drinks.

_____ When I'm under stress, I do not drink more.

_____ I do not do things when I'm drinking that I later regret.

_____ I have not experienced any problem because of my drinking in the past.

2. Tobacco Use

_____ I have never smoked cigarettes.

_____ I haven't smoked cigarettes in the past year.

_____ I do not use any form of tobacco (pipes, cigars, chewing tobacco).

_____ I smoke only low tar and nicotine cigarettes.

_____ I smoke less than one pack of cigarettes a day.

3. Blood Pressure

_____ I have had my blood pressure checked within the last six months.

_____ I have never had high blood pressure.

_____ I do not currently have high blood pressure.

_____ I make a conscious effort to avoid salt in my diet.

_____ There is no history of high blood pressure in my family.

4. Weight/Body Fat

_____ According to height and weight charts, I am in the average range.

_____ I have not been on a weight reduction diet in the past year.

_____ There is no place on my body that I can pinch an inch of fat.

_____ I am satisfied with the way my body looks.

_____ None of my family, friends or health care professionals has ever urged me to lose weight.

5. Physical Fitness

_____ I do some form of vigorous exercise for at least 30 minutes three times a week or more.

_____ My resting pulse is 80 beats a minute or less.

_____ I don't get fatigued easily while doing physical work.

_____ I engage in some recreational sport such as tennis or swimming on a weekly basis.

_____ I would say that my level of physical fitness is higher than most of the people in my age group.

6. Stress/Anxiety Level

_____ I find it easy to relax.

_____ I am able to cope with stressful events as well as or better than most people.

_____ I do *not* have trouble falling asleep or waking up.

_____ I rarely feel tense or anxious.

_____ I have no trouble completing tasks I have started.

7. Car Safety

_____ I always use seat belts when I drive.

_____ I always use seat belts when I am a passenger.

_____ I have not had an automobile accident in the past three years.

_____ I have not had a speeding ticket or other moving violation for the past three years.

_____ I never ride with a driver who has had more than two drinks.

8. Relationships

_____ I am married and living with my spouse.

_____ I have a lot of close friends.

_____ I am able to share my feelings with my spouse and/or other family members.

_____ When I have a problem, I have other people with whom I can talk it over.

_____ Given a choice between doing things by myself or with others, I usually choose to do things with others.

9. Rest/Sleep

_____ I almost always get between seven and nine hours of sleep a night.

_____ I wake up few, if any, times during the night.

_____ I feel rested and ready to go when I get up in the morning.

_____ Most days, I have a lot of energy.

_____ Even though I sometimes have a chance, I never take naps during the day.

10. Life Satisfaction

_____ If I had my life to live over, I wouldn't make all that many changes.

_____ I've accomplished most of the things that I've set out to do in my life.

_____ I can't think of an area in my life that really disappoints me.

_____ I am a happy person.

_____ As compared to the people with whom I grew up, I feel I've done as well or better than most of them with my life.

Scoring:

Record the number of checks (from 0 to 5) for each area. Then add up the numbers to determine your score.

Area	Subscore
Alcohol Use	_____
Tobacco Use	_____
Blood Pressure	_____
Weight/Body Fat	_____
Physical Fitness	_____
Stress/Anxiety Level	_____
Car Safety	_____
Relationships	_____
Rest/Sleep	_____
Life Satisfaction	_____

TOTAL = _____

Interpreting Your Score

A score of 40-50	Healthier than average lifestyle.
A score of 25-39	Average lifestyle
A score of 0-25	Below average: need for improvement.
Scores of less than 3 in any one of the ten areas	Need for improvement in that area.

Lifestyles assessment developed by
John Cavendish, Ed.D., Cooperative
Extension Service
West Virginia University
Center for Extension and
Continuing Education.

Sample Health Risk Appraisal Form

Centers for Disease Control
HEALTH RISK APPRAISAL

Health Risk Appraisal is a promising health education tool that is still in the early stages of development. It is designed to show how your individual lifestyle affects your chances of avoiding the most common causes of death for a person of your age, race and sex. It also shows how much you can improve your chances by changing your harmful habits. (This particular version is not very useful for persons under 25 or over 60 years old and for persons who have had a heart attack or other serious medical problem.)

IMPORTANT: To assure protection of your privacy, do NOT put your name on this form. Make sure that you put your Health Risk Appraisal "claim check" in your wallet or other safe place and insure that the number matches the number on this form. You must present your claim check to get your computer results.

PARTICIPANT NUMBER XX8888 (1-6)

PLEASE ENTER YOUR ANSWERS IN THE EMPTY BOXES (use numbers only)

1. SEX	1 Male 2 Female	1 (7)
2. RACE ORIGIN	1 White (non-Hispanic origin) 2 Black (non-Hispanic origin) 3 Hispanic 4 Asian or Pacific Islander 5 American Indian or Alaskan Native 6 Not sure	1 (8)
3. AGE (At Last Birthday)	Years Old	45 (9-10)
4. HEIGHT (Without Shoes)	Example: 5 foot, 7½ inches = 5 ' 08 " (No Fractions)	5 ' 10 " (11-13)
5. WEIGHT (Without Shoes)	Pounds	185 (14-16)
6. TOBACCO	1 Smoker 2 Ex-Smoker 3 Never Smoked	1 (17)
(Smokers and Ex-smokers) Enter average number smoked per day in the last five years (ex-smokers should use the last five years before quitting.)	Cigarettes Per Day	30 (18-19)
	Pipes/Cigars Per Day (Smoke Inhaled)	00 (20-21)
	Pipes/Cigars Per Day (Smoke Not Inhaled)	00 (22-23)
(Ex-smokers only)	Enter Number of Years Stopped Smoking (Note: Enter 1 for less than one years)	00 (24-25)
7. ALCOHOL	1 Drinker 2 Ex-Drinker (Stopped) 3 Non-Drinker (or drinks less than one drink per week)	1 (26)
If you drink alcohol, enter the average number of drinks per week:	Bottles of beer per week	12 (27-28)
	Glasses of wine per week	00 (29-30)
	Mixed drinks or shots of liquor per week	00 (31-32)
8. DRUGS/MEDICATION	How often do you use drugs or medication which affect your mood or help you to relax? 1 Almost every day 2 Sometimes 3 Rarely or Never	3 (33)
9. MILES	Per Year as a driver of a motor vehicle and/or passenger of an automobile (10,000 = average) Thousands of miles	15000 (34-38)
10. SEAT BELT USE (percent of time used)	Example: about half the time = 50	20 % (39-41)
11. PHYSICAL ACTIVITY LEVEL	1 Level 1 - little or no physical activity 2 Level 2 - occasional physical activity 3 Level 3 - regular physical activity at least 3 times per week	2 (42)
NOTE Physical activity includes work and leisure activities that require sustained physical exertion such as walking briskly, running, lifting and carrying.		
12. Did either of your parents die of a heart attack before age 60?	1 Yes, One of them 2 Yes, Both of them 3 No 4 Not sure	1 (43)
13. Did your mother, father, sister or brother have diabetes?	1 Yes 2 No 3 Not sure	2 (44)
14. Do YOU have diabetes?	1 Yes, not controlled 2 Yes, controlled 3 No 4 Not sure	3 (45)
15. Rectal problems (other than piles or hemorrhoids). Have you had:	Rectal Growth? 1 Yes 2 No 3 Not sure	2 (46)
	Rectal Bleeding? 1 Yes 2 No 3 Not sure	2 (47)
	Annual Rectal Exam? 1 Yes 2 No 3 Not sure	1 (48)

16. Has your physician ever said you have Chronic Bronchitis or Emphysema? 1 Yes 2 No 3 Not sure — 2 — 49

17. Blood Pressure (If known – otherwise leave blank)
Systolic (High Number) — 1 5 0 — 50-52
Diastolic (Low Number) — 9 5 — 53-55

18. Fasting Cholesterol Level (If known – otherwise leave blank) MG/DL — 56-58

19. Considering your age, how would you describe your overall physical health?
1 Excellent 2 Good 3 Fair 4 Poor — 2 — 59

20. In general how satisfied are you with your life?
1 Mostly Satisfied 2 Partly Satisfied 3 Mostly Disappointed 4 Not Sure — 2 — 60

21. In general how strong are your social ties with your family and friends?
1 Very strong 2 About Average 3 Weaker than average 4 Not sure — 2 — 61

22. How many hours of sleep do you usually get at night?
1 6 hours or less 2 7 hours 3 8 hours 4 9 hours or more — 1 — 62

23. Have you suffered a serious personal loss or misfortune in the Past Year? (For example, a job loss, disability, divorce, separation, jail term, or the death of a close person)
1 Yes, one serious loss 2 Yes, Two or More serious losses 3 No — 3 — 63

24. How often in the Past Year did you witness or become involved in a violent or potentially violent argument?
1 4 or more times 2 2 or 3 times 3 Once or never 4 Not sure — 3 — 64

25. How many of the following things do you usually do?
- Hitch-hike or pick up hitch-hikers
- Carry a gun or knife for protection
- Keep a gun at home for protection
- Criticize or argue with strangers
- Live or work at night in a high-crime area
- Seek entertainment at night in high-crime areas or bars

1 3 or more 2 1 or 2 3 None 4 Not sure — 2 — 65

26. Have you had a hysterectomy? (Women only) 1 Yes 2 No 3 Not sure — 66

27. How often do you have Pap Smear? (Women only)
1 At least once per year 2 At least once every 3 years 3 More than 3 years apart
4 Have never had one 5 Not sure 6 Not applicable — 67

28. Was your last Pap Smear Normal? (Women only) 1 Yes 2 No 3 Not sure 4 Not applicable — 68

29 Did your mother, sister or daughter have breast cancer? (Women only) 1 Yes 2 No 3 Not sure — 69

30. How often do you examine your breasts for lumps? (Women only)
1 Monthly 2 Once every few months 3 Rarely or never — 70

31. Have you ever completed a computerized Health Risk Appraisal Questionnaire like this one?
1 Yes 2 No 3 Not Sure — 2 — 71

32. Current Marital Status
1 Single (Never married) 2 Married 3 Separated
4 Widowed 5 Divorced 6 Other — 2 — 72

33. Schooling completed (One choice only)
1 Did Not graduate from high school 2 High School
3 Some College 4 College or Professional Degree — 2 — 73

34 Employment Status
1 Employed 2 Unemployed
3 Homemaker, Volunteer, or Student 4 Retired, Other — 1 — 74

35. Type of occupation (SKIP IF NOT APPLICABLE)
1 Professional, Technical, Manager, Official or Proprietor 2 Clerical or Sales
3 Craftsman, Foreman or Operative 4 Service or Laborer — 1 — 75

36. County of Current Resident (SKIP IF NOT KNOWN)
999 Other — 9 9 9 — 76-78

37. State of Current Residence 99 Other — 9 9 — 79-80)

HEALTH RISK APPRAISAL
SHARE EMPLOYEE PROGRAM

Your health risk data have been analyzed and the results are summarized below as they relate to the 12 most frequent causes of death for white males aged 45.

Rank	Cause of Death	Chances of Dying per 100,000 Within the Next 10 Years			
		Col. 1 Average	Col. 2 Appraisal	Col. 3 Achievable	Col. 2-Col.3 Differences
1	Arteriosclerotic Heart Disease	2654	5387	1699	3688
2	Lung Cancer	667	1000	800	200
3	Cirrhosis of the Liver	415	830	415	415
4	Suicide	273	273	273	0
5	Stroke	252	377	251	126
6	Non-motor Vehicle Accidents	242	242	242	0
7	Motor Vehicle Accidents	236	566	287	279
8	Intestinal Cancer incl. Rectum	165	40	40	0
9	Chronic Bronchitis and Emphysema	132	198	138	60
10	Pneumonia	99	108	89	19
11	Homicide	99	49	49	0
12	Diabetes	87	69	49	20
	All Other Causes	2052	2052	2052	0
	All Causes of Death	7373	11191	6384	4807
		Actual	**Appraised**	**Achievable**	**Difference**
	Age:	**45**	**49.7**	**43.4**	**6.2**

For height 70 inches and medium frame, 185 lbs. is approximately 17% overweight — Desirable weight is 157 lbs.

COMPLIANCE

*Average chances of dying are based on 1975-1977 U.S. Mortality Data. (CDC Version 1.1)
*Appraised age (or "Health Age") is an estimate of how healthy you are compared to others of your race and sex.
*Achievable age is an estimate of how healthy you could be by making the following changes in your condition/lifestyle:

Exercise	From:	Minimum	To:	Exercise Program
Smoking	From:	Still Smokes 20+	To:	Stopped Smoking
BP:Syst	From:	150 mm.	To:	140 mm.
BP:Dias	From:	95 mm.	To:	88 mm.
Alcohol	From:	7-24/Week	To:	3-6/Week
Weight	From:	185 lbs.	To:	161 lbs.
Seatbelt	From:	10-24%	To:	75-100%

*NOTE—Homicide risk is partly based on high-risk activities including use of weapons, encounters with strangers and the amount of contact with high-crime areas.

*NOTE—Suicide risk is partly based on answers to questions about physical health, life satisfaction, social ties, hours of sleep, recent loss or misfortune and marital status.

DETAIL

Cause of Death	Condition	Appraisal: As Appraised	Appraisal: Partial Risk	Appraisal: Total Risk	Achievable: Achieved	Achievable: Partial Risk	Achievable: Total Risk
Arteriosclerotic Heart Disease	Bl.Press	150/95	1.0/1.4		140/88	0.8/1.1	
	Diabetes	Not Diabetic	0.9		Not Diabetic	0.9	
	Weight	185	1.0		161	0.9	
	Exercise	Minimum	1.0		Exercise Program	0.6	
	Smoking	Still Smokes 20+	1.5		Stopped Smoking	0.7	
	FH/Heart	Yes	1.2	2.03	Yes	1.2	0.64
Lung Cancer	Smoking	Still Smokes 20+	1.5	1.50	Stopped Smoking	1.2	1.20
Cirrhosis of the Liver	Alcohol	7-24/Week	2.0	2.00	3-6/Week	1.0	1.00
Suicide	S-Scale	Average Risk	1.0		Average Risk	1.0	
	Alcohol	7-24/Week	1.0	1.00	3-6/Week	1.0	1.00
Stroke	Bl.Press	150/95	1.0/1.4		140/88	0.8/1.1	
	Diabetes	Not Diabetic	0.9		Not Diabetic	0.9	
	Smoking	Still Smokes 20+	1.2	1.50	Stopped Smoking	1.0	1.00
Motor Vehicle Accidents	Alcohol	7-24/Week	2.0		3-6/Week	1.0	
	Miles/Yr	15000	1.5		15000	1.5	
	Seatbelt	10-24%	1.0		75-100%	0.8	
	Drug Use	Rarely or Never	0.9	2.40	Rarely or Never	0.9	1.22
Intestinal Cancer Incl. Rectum	Rect-Gro	Has Not Had	0.9		Has Not Had	0.9	
	Rectexam	Annual	0.3		Annual	0.3	
	Rect-Bld	No Blood in Stool	0.9	0.24	No Blood in Stool	0.9	0.24
Chronic Bronchitis and Emphysema	Smoking	Still Smokes 20+	1.5	1.50	Stopped Smoking	1.0	1.05
Pneumonia	Alcohol	7-24/Week	1.0		3-6/Week	1.0	
	Smoking	Still Smokes 20+	1.2		Stopped Smoking	1.0	
	Emphysema	Does Not Have	0.9	1.10	Does Not Have	0.9	0.90
Homicide	Argument	Saw or in 0-1/Year	0.5		Saw or in 0-1/Year	0.5	
	Lifestyle	Average Risk	1.0	0.50	Average Risk	1.0	0.50
Diabetes	Weight	185	0.9		161	0.6	
	FH/Diab	No	0.9	0.80	No	0.9	0.57

END

*Risk factors adapted from "How to Practice Prospective Medicine," Drs. Robbins and Hall, Methodist Hospital of Indiana.
*Computer Program Developed by the Center for Health Promotion and Education, Centers for Disease Control, DHHS. (V1.1,XYZ)

NOTE: Health Risk Appraisal is still in its early stages of development. Its main value is its potential for showing the relative health risks associated with the lifestyle of a particular individual. Since it is a developmental program, it should be interpreted by a qualified health professional.

2. DETERMINING PROPER WEIGHT

Table A, Height and Weight Tables for Men and Women, indicates the weights (for given heights and frame sizes) at which mortality is lowest — or longevity highest. These tables are based on extensive mortality studies of insured lives conducted by the Society of Actuaries and the Association of Life Insurance Medical Directors of America.

Table B explains how to determine body frame size by measuring elbow breadth.

Table A

1983 METROPOLITAN HEIGHT AND WEIGHT TABLES FOR MEN AND WOMEN
According to Frame, Ages 25-59

HEIGHT (In Shoes)†		Weight in Pounds (In Indoor Clothing)*		
		SMALL FRAME	MEDIUM FRAME	LARGE FRAME
Feet	Inches		MEN	
5	2	128-134	131-141	138-150
5	3	130-136	133-143	140-153
5	4	132-138	135-145	142-156
5	5	134-140	137-148	144-160
5	6	136-142	139-151	146-164
5	7	138-145	142-154	149-168
5	8	140-148	145-157	152-172
5	9	142-151	148-160	155-176
5	10	144-154	151-163	158-180
5	11	146-157	154-166	161-184
6	0	149-160	157-170	164-168
6	1	152-164	160-174	168-192
6	2	155-168	164-178	172-197
6	3	158-172	167-182	176-202
6	4	162-176	171-187	181-207
			WOMEN	
4	10	102-111	109-121	118-131
4	11	103-113	111-123	120-134
5	0	104-115	113-126	122-137
5	1	106-118	115-129	125-140
5	2	108-121	118-132	128-143
5	3	111-124	121-135	131-147
5	4	114-127	124-138	134-151
5	5	117-130	127-141	137-155
5	6	120-133	130-144	140-159
5	7	123-136	133-147	143-163
5	8	126-139	136-150	146-167
5	9	129-142	139-153	149-170
5	10	132-145	142-156	152-173
5	11	135-148	145-159	155-176
6	0	138-151	148-162	158-179

*Indoor clothing weighing 5 pounds for men and 3 pounds for women.

†Shoes with 1-inch heels.

Source of basic data: *Build Study, 1979*, Society of Actuaries and Association of Life Insurance Medical Directors of America, 1980.

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HOW TO DETERMINE YOUR BODY FRAME BY ELBOW BREADTH

Table B

To make a simple approximation of your frame size:

Extend your arm and bend the forearm upwards at a 90-degree angle. Keep the fingers straight and turn the inside of your wrist toward the body. Place the thumb and index finger of your other hand on the two prominent bones on either side of your elbow. Measure the space between your fingers against a ruler or a tape measure. (For the most accurate measurement, have your physician measure your elbow breadth with calipers.) Compare this measurement with the measurements shown below.

These tables list the elbow measurements for men and women of medium frame at various heights. Measurements lower than those listed indicate that you have a small frame while higher measurements indicate a large frame.

MEN

HEIGHT (In 1-inch Heels)	ELBOW BREADTH (Inches)	HEIGHT (In 2.5-cm. Heels)	ELBOW BREADTH (Centimeters)
5′2″-5′3″	2½″-2⅞	158-161	6.4-7.2
5′-4″-5′7″	2⅝″-2⅞″	162-171	6.7-7.4
5′8″-5′-11″	2¾″-3″	172-181	6.9-7.6
6′0″-6′3″	2¾″-3⅛″	182-191	7.1-7.8
6′4″	2⅞″-3¼″	192-193	7.4-8.1

WOMEN

HEIGHT (In 1-inch Heels)	ELBOW BREADTH (Inches)	HEIGHT (In 2.5-cm. Heels)	ELBOW BREADTH (Centimeters)
4′10″-4′11″	2¼″-2½	148-151	5.6-6.4
5′-0″-5′3″	2¼″-2½″	152-161	5.8-6.5
5′4″-5′-7″	2⅜″-2″⅝″	162-171	5.9-6.6
5′8″-5′11″	2⅜″-2⅝″	172-181	6.1-6.8
6′0″	2½″-2¾″	182-183	6.2-6.9

Source of basic data: Data tape, HANES I-Anthropometry, goniometry, skeletal age, bone density, and cortical thickness, ages 1-74. National Health and Nutrition Examination Survey. 1971-75. National Center for Health Statistics.

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3. CALCULATING CALORIES

How many calories do you need?

To Calculate Your Approximate Calorie Range

1. Your present weight in pounds. _____

2. Determine the activity level which best describes you:

SEDENTARY — Low level of activity such as sitting, driving a car, lying down, sleeping, standing.

MODERATELY ACTIVE — Medium level of activity; participating in aerobic type exercise a minimum of 3-4 times per week at 30 minutes each time.

VERY ACTIVE — High level of activity; vigorous exercise on a regular basis; ie: a long-distance runner, swimmer or ditch digger.

3. Choose the appropriate number based on your gender and activity level:

	Male	**Female**
Sedentary	16	14
Moderately Active	21	18
Very Active	26	22

These numbers reflect the approximate number of Calories needed daily for each pound of body weight.

4. Your present weight _____

Multiplied by the number chosen in #3 above. × _____

This figure reflects the approximate number of Calories needed daily to maintain your present weight. TOTAL _____

5. To figure a range of Calories, subtract 400 Calories from your total and add 400 Calories to your total. For example if your require 2400 Calories per day, your range of Calories would be 2000-2800 Calories per day.

_____ to _____

Note: Figures in #3 based on USDA information. The range of 800 Calories in #5 is based on the Recommended Dietary Allowances.

Calories in Common Foods

MILK GROUP	Calories
Buttermilk, 1 cup	99
Cheese, American, 1 slice	106
Cheese, Cheddar, 1 slice	114
Cheese, Cottage ½ cup	109
Cheese, Swiss, 1 slice	107
Cocoa, ¾ cup	164
Ice Cream, Vanilla, ½ cup	135
Milk, 1 cup	150
Milk, Chocolate, 1 cup	208
Milk, Lowfat (2%), 1 cup	121
Milk Skim, 1 cup	86
Milkshake, Chocolate, 10.6 oz.	356
Pudding, Chocolate ½ cup	161
Yogurt, Strawberry, 1 cup	225

MEAT GROUP	
Bacon, 2 slices	92
Beans, Refried ½ cup	142
Beef, Roast, 3 oz.	182
Beef Liver, 3 oz.	195
Bologna, 1 slice	86
Chicken, Fried, 3 oz.	201
Egg, Fried, large	83
Egg, Hard-Cooked, large	79
Egg, Scrambled, large	95
Frankfurter, 2 oz.	172
Ham, Baked, 3 oz	179
Meat Loaf, 3 oz.	230
Meat Patty, 3 oz.	186
Peanut Butter, 2 Tbsp	186
Peanuts, Salted, ¼ cup	211
Peas, Blackeye, Immature, ½ cup	134
Peas, Blackeye, Mature, ½ cup	94
Perch, Fried, Breaded, 3 oz	193
Pork Chop, 3 oz.	308
Sausage, 2 links	135
T-Bone Steak, 3⅓ oz.	212
Tuna, 3 oz.	168

FRUIT-VEGETABLE GROUP	Calories
Apple, medium	80
Applesauce, ½ cup	116
Apricots, Dried, 4 halves	39
Asparagus, 4 spears, ½ cup	12
Banana, medium	101
Beans, Green, ½ cup	16
Beans, Lima, ½ cup	94
Broccoli, stalk, ½ cup	20
Cabbage, ⅙ head, ½ cup	13
Cantaloupe, ¼ medium	29
Carrots, ½ cup	22
Carrot Sticks, 5″ carrot	21
Cauliflower, ½ cup	13
Celery Sticks, 8″ stalk	10
Coleslaw, ½ cup	82
Corn, ½ cup	70
Corn, 5″ ear	114
Fruit Salad, ½ cup	99
Grapefruit, Pink, ½ medium	48
Grapes, ½ cup	48
Greens, ½ cup	17
Lettuce, ⅙ head, ½ cup	10
Okra, 4 pods, ½ cup	12
Onions, ½ cup	30
Orange, medium	65
Orange Juice, ½ cup	56
Peaches, ½ cup	100
Pear, medium	101
Peas, Green, ½ cup	54
Pineapple, large slice	90
Potato, Baked, large	132
Potatoes, Boiled, 2 small	79
Potatoes, French-Fried, 20	233
Potatoes, Mashed, ½ cup	63
Potato, Sweet, ½ medium	78
Raisins, 4½ Tbsp	123
Squash, Summer, ½ cup	16
Squash, Winter, ½ cup	56
Strawberries, ½ cup	28
Tomato, ½ medium	22
Tomato Juice, ½ cup	26
Tossed Salad, ¾ cup	13
Watermelon, 1 cup	52

GRAIN GROUP	Calories
Bagel	165
Biscuit, Baking Powder	103
Bread, White, slice	61
Bread, Whole Wheat, slice	55
Cornbread, 2½" × 3"	191
Cornflakes, ¾ cup	72
Crackers, Graham, 2	54
Crackers, Saltines, 5	60
Hominy Grits, ½ cup	62
Noodles, Egg, ½ cup	100
Oatmeal, ½ cup	66
Pancake, 4" diameter	61
Rice, ½ cup	112
Roll, Frankfurter	119
Roll, Hamburger	119
Roll, Hard	156
Toast, White slice	61
Tortilla, Corn, 6" dia.	63
Waffles, 2, 3½" x 5½"	130

COMBINATION FOODS (foods made with ingredients from more than one food group)	
Beans, Baked, Pork & Tomato Sauce, ½ cup	156
Beef & Vegetable Stew, 1 cup	209
Chili Con Carne, 1 cup	333
Custard, Baked, ½ cup	152
Macaroni & Cheese, ½ cup	215
Pizza, Cheese, ¼ of 14" pie	354
Soup, Chicken Noodle, 1 cup	59
Soup, Cream of Tomato, 1 cup	173
Spaghetti & Meat Balls, 1 cup	332
Taco, Beef	216

"OTHERS" Category (fats, sweets, and alcohol)	Calories
Bar, Milk Chocolate, 1 oz.	147
Beer, 1½ cup	151
Butter, 1 tsp	36
Cake, Devil's Food, 1/16 of 9" cake	234
Cake, Sponge, 1/12 of 10" cake	196
Chocolate Syrup, 2 Tbsp	93
Coffee, Black, ¾ cup	2
Cookie, Sugar, 3" diameter	89
Doughnut, Cake type	125
French Dressing, 1 Tbsp	66
Gelatin Dessert, ½ cup	71
Highball, 1½ cup	97
Jelly, Currant, 1 Tbsp	49
Mayonnaise, 1 Tbsp	101
Pie, Apple, ⅙ of 9" pie	403
Popcorn, Plain, 1 cup	23
Potato Chips, 10 chips	114
Roll, Danish Pastry	274
Sherbert, orange, ½ cup	135
Soft Drink, Cola, 1 cup	96
Sugar, 1 tsp	14
Wine, Rose, 3½ oz.	87

U.S. Department of Agriculture

4. FITNESS: GETTING STARTED

Facts About... Exercise: How to Get Started

Which exercises help condition my heart and lungs?

Exercises that improve the condition of your heart and lungs must be:

Brisk — raising heart and breathing rates.

Sustained — done at least 15 to 30 minutes without interruption.

Regular — repeated at least three times per week.

All exercises do not give you the same conditioning benefits for your heart and lungs. There are three different types of activities.

TYPE 1: Exercises that *do* condition heart and lungs.

Cross-Country Skiing	Jumping Rope
Hiking (uphill)	Rowing
Ice Hockey	Running in Place
Jogging	Stationary Cycling

These exercises are naturally very vigorous. They need to be done for *at least 15 minutes, three times a week.* Then they will condition your heart and lungs, burn off a lot of calories, and give you many other benefits such as more energy and greater resistance to stress.

TYPE 2: Exercises that *can* condition heart and lungs if done briskly.

Bicycling	Racquetball
Downhill Skiing	Soccer
Basketball	Squash
Calisthenics	Swimming
Field Hockey	Tennis (singles)
Handball	Walking

These activities are moderately vigorous but can be excellent conditioners, if done briskly for *at least 30 minutes, three times a week.* When done briskly, they give the same benefits as the type 1 activities.

TYPE 3: Exercises that do *not* condition heart and lungs.

Baseball
Bowling
Football
Golf (on foot or by cart)
Softball
Volleyball

These activities by nature are not vigorous or sustained. They still have certain benefits — they can be enjoyable, help improve coordination and muscle tone, and help relieve tension. However, they neither condition the heart and lungs nor burn off many calories.

The Key to Success

The key to a successful exercise program is choosing an activity (or activities) that you will *enjoy*. Here are some questions that can help you choose the right kind of exercise for you:

1. How physically fit are you?
2. How old are you?
3. What benefits do you want from exercising?
4. Do you like to exercise alone or with other people?
5. Do you prefer to exercise outdoors or in your home?
6. How much money are you willing to spend for sports equipment or facilities?
7. When can you best fit the activity into your schedule?

By choosing activities you like, you will be much more likely to exercise regularly, keep on exercising, and enjoy its many benefits.

Should I consult a doctor before I start exercising?

Most people do not need to see a doctor before they start since a gradual, sensible exercise program will have minimal health risks. However, there are some people who should seek medical advice. To find out if you should consult a doctor before you start, use the following check list.

Mark those items that apply to you:

☐ Your doctor said you have heart trouble, a heart murmur, or you have had a heart attack.

☐ You frequently have pains or pressure — in the left or midchest area, left neck, shoulder, or arm — during or right after you exercise.

☐ You often feel faint or have spells of severe dizziness.

☐ You experience extreme breathlessness after mild exertion.

☐ Your doctor said your blood pressure was too high and is not under control. Or you don't know whether or not your blood pressure is normal.

☐ Your doctor said you have bone or joint problems such as arthritis.

☐ You are over age 60 and not accustomed to vigorous exercise.

☐ Your father, mother, brother, or sister had a heart attack before age 50.

☐ You have had a medical condition not mentioned here which might need special attention in an exercise program. (For example, insulin-dependent diabetes.)

If you've checked one or more items, talk to your doctor before you start. If you've checked no items, you can start on a gradual, sensible exercise program tailored to your needs.

How do I pace myself?

Build up slowly. No matter where you begin, you will be able to build up your exercise time or pace as your body becomes more fit. You can find out how hard to exercise by keeping track of your heart rate. Your maximum heart rate is the fastest your heart can beat. The best activity level is 60 to 75 percent of this maximum rate. This 60-75 percent range is called your heart rate Target Zone.

When you begin your exercise program, aim for the lower part of your heart rate Target Zone (60 percent) during the first few months. As you get into better shape, gradually build up to the higher part of your Target Zone (75 percent). After 6 months or more of regular exercise, you can exercise at up to 85 percent of your maximum heart rate — if you wish. However, you do not have to exercise that hard to stay in good condition.

To find your heart rate Target Zone, look for the age category closest to your age and read the line across. For example, if you are 43, the closest age on the chart is 45; your heart rate target zone is 105 to 131 beats per minute.

Age	**Heart Rate Target Zone** 60-75%	**Average Maximum Heart Rate** 100%
20 years	**120-150** beats per minute (60-75% of 200 beats)	200 beats per minute
25 years	**117-146** beats per minute	195
30 years	**114-142** beats per minute	190
35 years	**111-138** beats per minute	185
40 years	**108-135** beats per minute	180
45 years	**105-131** beats per minute	175
50 years	**102-127** beats per minute	170
55 years	**99-123** beats per minute	165
60 years	**96-120** beats per minute	160
65 years	**93-116** beats per minute	155
70 years	**90-113** beats per minute	150

Your maximum heart rate is usually 220 minus your age. However, the above figures are averages and should be used as general guidelines.

To see if you are within your heart rate Target Zone, take your pulse immediately after you stop exercising. Count it for 30 seconds and multiply by two. If your pulse is below your Target Zone, exercise a little harder the next time. If you're above your Target Zone, exercise a little easier. And if it falls within the Target Zone, you're doing fine. Once you're exercising within your Target Zone, you should check your pulse at least once each week during the first 3 months and periodically thereafter.

How long should I exercise?

Each exercise session should last from about 25 to 40 minutes and include:

5 min.	*Warm Up*
15-30 min.	*Exercising in Your Heart Rate Target Zone* (15 to 30 minutes is your goal — begin with a shorter period and build up gradually)
5 min.	*Cool Down*
25-40 min.	*Total*

The National Heart, Lung, & Blood Institute

FACTS ABOUT... Exercise: Sample Exercise Programs

There are many ways to begin an exercise program; two examples are included here, a walking and a jogging program. These activities are easy ways for most people to get regular exercise because they do not require special facilities or equipment other than good, comfortable shoes. If walking or jogging does not meet your needs, look for other exercise programs in pamphlets and books on aerobic exercise and sports medicine or look for an exercise program at a community facility.

Effective Ways to Avoid Injuries

For most people, a gradual, sensible exercise program will have minimal health risks. However, you should consult a doctor before you start if you experience one or more of the following:

- You frequently have pains or pressure — in the left or midchest area, left neck, shoulder or arm — during or right after you exercise; often feel faint or have spells of severe dizziness; experience extreme breathlessness after mild exertion;
- You are over age 60 and not accustomed to vigorous exercise or your father, mother, brother, or sister had a heart attack before age 50;
- Or your doctor said you have heart trouble, a heart murmur, or have had a heart attack; uncontrolled high blood pressure; bone or joint problems; or a medical condition not mentioned here which might need special attention in an exercise program.

Once you start on an exercise program, you can help avoid injuries if you:

1. Build up your level of activity *gradually* over the weeks to come.
2. Listen to your body for early warning pains.
3. Be aware of possible signs of heart problems such as:

- Pain or pressure in the left or midchest area, left neck, shoulder, or arm during or just after exercising. (Vigorous exercise may cause a side stitch while exercising — a pain below your bottom ribs — which is not the result of a heart problem.)
- Sudden dizziness, cold sweat, pallor, or fainting. Ignoring these signals and continuing to exercise may lead to serious heart problems. Should any of these signs occur, stop exercising and call your doctor.

4. For outdoor activities, take appropriate precautions under special weather conditions.

On hot, humid days:

- Exercise less than normal for a week until you become adapted to the heat.
- Drink lots of fluids, particularly water. You do not need extra salt because you get enough salt in your diet. Also, a well-conditioned body learns to conserve salt so that most of the sweat is water.
- Watch our for signs of heat stroke — feeling dizzy, weak, lightheaded, and/or excessively tired; sweating stops; or body temperature becomes dangerously high.

On cold days:

- Wear one layer less of clothing than you would wear if you were outside but not exercising. It's also better to wear several layers of clothing rather than one heavy layer.
- Wear a hat, since up to 40 percent of your body's heat is lost through your neck and head.

5. Another handy tip is if you've eaten a meal, avoid strenuous exercise for at least 2 hours. If you exercise vigorously first, wait about 20 minutes before eating.

Sample Exercise Program

The exercise patterns for both of the sample exercise programs are suggested guidelines. Listen to your body and build up less quickly, if needed. If you find a particular week's pattern tiring, repeat it before going on to the next pattern. You do *not* have to complete the walking program in 12 weeks of the jogging program in 15 weeks.

A Walking Program

	Warm Up	Target Zone exercising	Cool down	Total time
Week 1				
Session A	Walk slowly 5 min.	Then walk briskly 5 min.	Then walk slowly 5 min.	15 min.
Session B	Repeat above pattern.			
Session C	Repeat above pattern.			
Continue with at least three exercise sessions during each week of the program.				
Week 2	Walk slowly 5 min.	Walk briskly 7 min.	Walk slowly 5 min.	17 min.
Week 3	Walk slowly 5 min.	Walk briskly 9 min.	Walk slowly 5 min.	19 min.
Week 4	Walk slowly 5 min.	Walk briskly 11 min.	Walk slowly 5 min.	21 min.
Week 5	Walk slowly 5 min.	Walk briskly 13 min.	Walk slowly 5 min.	23 min.
Week 6	Walk slowly 5 min.	Walk briskly 15 min.	Walk slowly 5 min.	25 min.

Week 7	Walk slowly 5 min.	Walk briskly 18 min.	Walk slowly 5 min.	28 min.
Week 8	Walk slowly 5 min.	Walk briskly 20 min.	Walk slowly 5 min.	30 min.
Week 9	Walk slowly 5 min.	Walk briskly 23 min.	Walk slowly 5 min.	33 min.
Week 10	Walk slowly 5 min.	Walk briskly 26 min.	Walk slowly 5 min.	36 min.
Week 11	Walk slowly 5 min.	Walk briskly 28 min.	Walk slowly 5 min.	38 min.
Week 12	Walk slowly 5 min.	Walk briskly 30 min.	Walk slowly 5 min.	40 min.

Week 13 on:
Check your pulse periodically to see if you are exercising within your heart rate Target Zone. Your maximum heart rate is the fastest your heart can beat. The best activity level is 60 to 75 percent of this maximum rate — this range is called your heart rate Target Zone. To find your heart rate Target Zone, subtract your age from 220. Then multiply your answer by .60 (60 percent). The number you get is how fast your heart should beat beats per minute at the 60 percent level. (For example, if you are 40: 220 − 40 = 180. 180 × .60 = 108 beats per minute.) As you get more in shape, try exercising within the upper range of your heart rate Target Zone. Remember that your goal is to continue getting the benefits you are seeking and enjoying your activity.

A Sample Jogging Program

If you are over 40 and have not been active, you should not begin with a program as strenuous as jogging. Begin with the walking program instead. After completing the walking program, you can start with week 3 of the jogging program below.

	Warm Up	Target Zone exercising	Cool down	Total time
Week 1				
Session	Stretch and limber up for 5 min.	Then walk 10 min. Try not to stop.	Then walk slowly 3 min. and stretch 2 min.	20 min.
Session B	Repeat above pattern.			
Session C	Repeat above pattern.			
Continue with at least three exercise sessions during each week of the program.				
Week 2	Stretch and limber 5 min.	Walk 5 min., jog 1 min., walk 5 min., jog 1 min.	Walk slowly 3 min., stretch 2 min.	22 min.
Week 3	Stretch and limber 5 min.	Walk 5 min., jog 3 min., walk 5 min., jog 3 min.	Walk slowly 3 min., stretch 2 min.	26 min.
Week 4	Stretch and limber 5 min.	Walk 4 min., jog 5 min., walk 4 min., jog 5 min.	Walk slowly 3 min., stretch 2 min.	28 min.

Week 5	Stretch and limber 5 min.	Walk 4 min., jog 5 min., walk 4 min., jog 5 min.	Walk slowly 3 min., stretch 2 min.	28 min.
Week 6	Stretch and limber 5 min.	Walk 4 min., jog 6 min., walk 4 min., jog 6 min.	Walk slowly 3 min., stretch 2 min.	30 min.
Week 7	Stretch and limber 5 min.	Walk 4 min., jog 7 min., walk 4 min., jog 7 min.	Walk slowly 3 min., stretch 2 min.	32 min.
Week 8	Stretch and limber 5 min.	Walk 4 min., jog 8 min., walk 4 min., jog 8 min.	Walk slowly 3 min., stretch 2 min.	34 min.
Week 9	Stretch and limber 5 min.	Walk 4 min., jog 9 min., walk 4 min., jog 9 min.	Walk slowly 3 min., stretch 2 min.	36 min.
Week 10	Stretch and limber 5 min.	Walk 4 min., jog 13 min.	Walk slowly 3 min., stretch 2 min.	27 min.
Week 11	Stretch and limber 5 min.	Walk 4 min., jog 15 min.	Walk slowly 3 min., stretch 2 min.	29 min.
Week 12	Stretch and limber 5 min.	Walk 4 min., jog 17 min.	Walk slowly 3 min., stretch 2 min.	31 min.
Week 13	Stretch and limber 5 min.	Walk 2 min., jog slowly 2 min., jog 17 min.	Walk slowly 3 min., stretch 2 min.	31 min.
Week 14	Stretch and limber 5 min.	Walk 1 min., jog slowly 3 min., jog 17 min.	Walk slowly 3 min., stretch 2 min.	31 min.
Week 15	Stretch and limber 5 min.	Jog slowly 3 min., jog 17 min.	Walk slowly 3 min. stretch 2 min.	30 min.

Week 16 on:
Check your pulse periodically to see if you are exercising within your heart rate Target Zone. As you become fit, try exercising within the upper range of your heart rate Target Zone. Remember that your goal is to continue getting the benefits you are seeking and enjoying your activity.

The National Heart, Lung, & Blood Institute

5. LIABILITY CONSIDERATIONS

Like any other program, wellness at the worksite has liability implications. The company's legal counsel should review the proposed program and determine the adequacy of the company's liability insurance in light of that program.

Attorneys are likely to point out that negligence is an issue to be taken into account, but as the President's Council on Physical Fitness and Sports notes in its statement on wellness at the worksite, there is no reason why these considerations should prevent an employer or a school system from implementing a wellness program.

Statement of President's Council on Physical Fitness and Sports

"Safety and liability are two common objections to a fitness facility. Neither one will stand serious scrutiny. Employee fitness facilities, like office parties or picnics, necessarily expose companies to some risk.

These risks should be fully protected by liability insurance or a workman's compensation plan. Any company launching a program should examine its insurance policy or compensation act carefully and obtain additional coverage if necessary."

President's Council manual, Physical Fitness in Business and Industry.

1. HAVE A WELLNESS WEEK

SAMPLE

Wellness Week Agenda

All week		Wellness Poster Contest
Monday	8:30 A.M.	Low Calorie Cooking Contest
	10:00 A.M.	Nutrition Lecture
	11:30 A.M. - 3:30 P.M.	Tuberculosis Screening
	12:30 P.M.	Wellness Week Kick-off Speaker on Stress Reduction Techniques
Tuesday	All day	The Great Smokeout
	8:30 A.M. - 1:30 P.M.	Tuberculosis Screening
	1:00 P.M.	Speaker on Dental Hygiene
Wednesday	9:00 A.M. - 12:00 noon	Blood Pressure Checks
	1:00 P.M.	Speaker on Alcoholism
Thursday	8:00 A.M. - 12:00 noon	Blood Pressure Checks
	11:45 A.M.	Two-mile Fun Run
	1:00 P.M.	Speaker on Preventing Back Problems
Friday	12:00 noon	Wellness Week Grand Finale: Awards and Celebration

2. USE POSTERS TO PUBLICIZE WELLNESS CLASSES/ACTIVITIES

SAMPLE: Wellness at the Worksite Bulletin

What's Happening

Week of _____

LEARN CPR

Someone's life might depend on it

More than 650,000 people die from heart attacks each year. About 350,000 of these deaths occur outside the hospital, usually within two hours after the symptoms begin.

At least 40 percent of these victims can be saved if cardiopulmonary resuscitation (CPR) is begun promptly.

Other people die from accidents such as drowning, choking, electrocution, and suffocation. They too have a greater chance of survival if CPR is applied promptly.

When such emergencies happen, you can feel confident that you can help. Learn CPR.

On (date), classes will begin at (give location). These CPR classes will be offered several times during the year.

Employees are urged to participate.

If you are interested in joining a class, please contact:

_____

(name/title)

_____

(phone number/extension)

_____

A GUIDE TO ORGANIZATIONS, PROGRAMS, AND MATERIALS

National Health Information Clearinghouse
P.O. Box 1133
Washington, D.C. 20013

(800) 336-4797 toll-free

The National Health Information Clearinghouse is aptly named. It can refer your request to one of 2,000 groups and organizations that provide health information to the public. The Clearinghouse is especially helpful in pointing you to the many federal programs and publications relevant to Wellness at the School Worksite efforts.

The Clearinghouse produces resource guides that provide useful information. Recent materials have focused on health risk appraisals, physical fitness organizations, as well as federal clearinghouse and information centers concerned with health topics.

The Clearinghouse staff maintains contact with health educators and resources across the country. By promoting the exchange of information, the staff stays abreast of changes in the health field.

...And Then

Here, listed alphabetically, are a number of wellness/health promotion topics and organizations with special expertise for you to tap.

ACCIDENTS/SAFETY

American Academy of Pediatrics
(Child Auto Restraints)
P.O. Box 1034
Evanston, IL 60204

American Optometric Association
(Eye safety)
Communications Division
243 N. Lindbergh Boulevard
St. Louis, MO 63141

American Red Cross
National Headquarters
Washington, D.C. 20006

Consumer Product Safety Division
Consumer Education and Awareness Division
5401 Westbard Avenue
Washington, D.C. 20207

Health Industry Manufacturers Association
(Worker safety)
1030 15th Street, N.W.
Washington, D.C. 20005

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611

Physicians for Automotive Safety
Communications Department
P.O. Box 208
Rye, NY 10580

AGING

National Institute on Aging
Information Office
Building 31, Room 5C35
Bethesda, MD 20205

ALCOHOL AND DRUG ABUSE

Al-Anon Family Group Headquarters, Inc.
P.O. Box 182
Madison Square Garden
New York, NY 10159

Alcoholics Anonymous
General Services Office (6th Floor)
468 Park Avenue South
New York, NY 10016
Attn: Public Information Department

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852

National Clearinghouse on Drug Abuse Information
Room 10A53
5600 Fishers Lane
Rockville, MD 20857

National Council on Alcoholism
733 Third Avenue
New York, NY 10017

ALLERGY

American Academy of Allergy and Immunology
611 E. Wells Street
Milwaukee, WI 53202

Asthma and Allergy Foundation of America
9604 Wisconsin Avenue, Suite 100
Bethesda, MD 20814

ARTHRITIS

Arthritis Foundation
3400 Peachtree Road, N.E.
Suite 1101
Altanta, GA 30326

Arthritis Foundation Clearinghouse
P.O. Box 9782
Arlington, VA 22209

CANCER

American Cancer Society
Public Education
777 Third Avenue
New York, NY 10017
(or local chapter)

Office of Cancer Communications
Public Inquiries Section
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20205

Technical Information Center for Smoking and Health
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

CARDIOPULMONARY RESUSCITATION

American Heart Association
7320 Greenville Avenue
Dallas, TX 75321
(or local chapter)

American Red Cross
National Headquarters
Washington, D.C. 20006
(or local chapter)

DIABETES

American Diabetes Association
2 Park Avenue
New York, NY 10016

National Diabetes Information Clearinghouse
Box NDIC
Bethesda, MD 20205

National Eye Institute
Office of Scientific Reporting
Room 6A32, Bldg. 31
National Institutes of Health
Bethesda, MD 20205

DIGESTIVE DISEASES

National Digestive Diseases
Information and Education Clearinghouse
1555 Wilson Boulevard
Suite 600
Rosslyn, VA 22209

EXERCISE AND PHYSICAL FITNESS

American College of Sports Medicine
P.O. Box 1440
Indianapolis, IN 46206

American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive
Reston, VA 22091

Association for Fitness and Business
1312 Washington Road
Stamford, CT 06902

Institute for Aerobics Research
12330 Preston Road
Dallas, TX 75230

President's Council on Physical Fitness and Sports
Room 7103
Judiciary Plaza
450 Fifth Street, S.W.
Washington, D.C. 20001

FIRST AID

American Red Cross
National Headquarters
Washington, D.C. 20006
(or local chapter)

GENERAL HEALTH INFORMATION

Center for Health Promotion and Education
Building 14
Center for Disease Control
Atlanta, GA 30333

Consumer Information Center
Pueblo, CO 81009

National Center for Health Education
211 Sutter Street, 4th Floor
San Francisco, CA 94108

National Foundation for Prevention of Disease
Suite 238
2537 S. Gessner
Houston, TX 77063

HEART DISEASE

American Heart Association
Inquiries Section
7320 Greenville Avenue
Dallas, TX 75321
(or local chapter)

National Heart, Lung and Blood Institute
Public Inquiries Office
Room 4A21, Building 31
National Institutes of Health
Bethesda, MD 20205

National High Blood Pressure Information Center
Suite 1300
7910 Woodmont Avenue
Bethesda, MD 20014

KIDNEY DISEASE

National Kidney Foundation
2 Park Avenue
New York, NY 10016

MENTAL HEALTH

National Clearinghouse for Mental Health Information
Public Inquiries Section
5600 Fishers Lane
Rockville, MD 20857

National Mental Health Association
1800 N. Kent Street
Arlington, VA 22209
(or local chapter)

NUTRITION

Consumer Information Center
Pueblo, CO 81009

Food and Drug Administration
Office of Consumer Communications
(HFE-88)
Room 15B32
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Home Economics and Human Nutrition
Extension Service
U.S. Department of Agriculture
Washington, D.C. 20250
(or local cooperative extension
service listed under county or
city government in white pages
of telephone book)

Human Nutrition Information Service
U.S. Department of Agriculture
6525 Belcrest Road
Hyattsville, MD 20782

Institute for Aerobics Research
Nutrition Department
12330 Preston Road
Dallas, TX 75230

National Dairy Council
6300 N. River Road
Rosemont, IL 60018

National 4-H Council
Food and Nutrition Program
7100 Connecticut Avenue
Chevy Chase, MD 20815

Nutrition Foundation
Suite 3000
888 Seventeenth Street, N.W.
Washington, D.C. 20006

Society for Nutrition Education
(SNE) Resource Center
1736 Franklin Street, 9th Floor
Oakland, CA 94612

POISON CONTROL/PREVENTION

National Poison Center Network
125 DeSoto Street
Pittsburgh, PA 15213

Poison Prevention Week Council
P.O. Box 1543
Washington, D.C. 20013

PRENATAL CARE

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

SMOKING CESSATION

American Cancer Society
Public Education
777 Third Avenue
New York, NY 10017
(or local chapter)

American Health Foundation
320 E. 43rd Street
New York, NY 10017

American Heart Association
7230 Greenville Avenue
Dallas, TX 75231

American Lung Association
1740 Broadway
New York, NY 10019

National Center for Health Education
30 E. 29th Street
New York, NY 10010

A Non-Smoking Generation-United States, Inc.
One Maritime Plaza, Suite 300
San Francisco, CA 94111

Office of Cancer Communications
National Cancer Institute
Room 10A18, Building 31
National Institutes of Health
Bethesda, MD 20205

Technical Information Center
Office of Smoking and Health
Parklawn Building, Room 116
5600 Fishers Lane
Rockville, MD 20857

STRESS CONTROL

National Clearinghouse for Mental Health Information
National Institute of Mental Health
Room 11A21, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Mental Health Association
1800 North Kent Street
Arlington, VA 22209
(or local chapter)

VISION/EYE CARE

American Optometric Association
243 N. Lindbergh Boulevard
St. Louis, MO 63141

National Eye Institute
Office of Scientific Reporting
9000 Rockville Pike
Bethesda, MD 20205

National Society to Prevent Blindness
122 E. 42nd Street
New York, NY 10068

For further information contact:

Senior Adviser
Worksite Health Promotion
Office of Disease Prevention and Health Promotion
300 Seventh Street, S.W., Room 613
Washington, D.C. 20201

Worksite Health Promotion Publications: General

An Approach to Good Health for Employees and Reduced Health Care Costs for Industry

By Charles A. Berry, M.D.
1981
36 pages

Available from:
Preventive & Aerospace Medicine Consultants, P.A.
10777 Westheimer
Houston, TX 77042
$5.00

Dr. Berry reviews background information about our nation's health status emphasizing that the top killers in the 80s are related, in large part, to our lifestyles. He reviews what companies currently are doing and the cost savings they have estimated from a health promotion program. The book identifies the major health risk factors and their potential impact on employees' health and presents a series of steps for developing an employee health program.

Corporate Fitness & Recreation: The Journal for Employee Health and Services Programs

Bi-monthly magazine
Approximately 54 pages

Available from:
Barrington Publication, Inc.
825 S. Barrington Avenue
Los Angeles, CA 90040
$40 per year

While a majority of the advertisers in this new publication are promoting physical fitness products and services, the editorial content covers a wide variety of topics of interest to the field.

Design of Workplace Health Promotion Programs

By Michael P. O'Donnell
1984
38 pages

Available from:
Health Insurance Association of America
Public Relations Division
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599
$25.00

This comprehensive manual provides a step-by-step design of worksite wellness programs with clearly defined goals. The publication is divided into three major sections. The first section covers issues that affect the design process, the second reviews the process in detail, and the third describes a number of ongoing programs sponsored by large and small organizations. Graphic displays and a short bibliography are included. Three-ring binder format permits supplementing and updating information.

Employee Health and Fitness

Monthly newsletter
12 pages

Available from:

American Health Consultants, Inc.
67 Peachtree Park Drive, NE
Atlanta, GA 30309
$87 per year

A monthly review of news, features, and resources of interest to persons involved in employee health and fitness programs.

Employee Health Promotion: A Guide for Starting Programs at the Workplace

Developed by HealthWorks Northwest
1983
92 pages

Available from:

HealthWorks Northwest
Puget Sound Health Systems Agency
601 Valley Street
Seattle, WA 98109
$15.00

Step-by-step instructions liberally sprinkled with examples and worksheets make this guide a valuable addition to the library of anyone starting a worksite health promotion program. More than most how-to books, this one focuses on cost containment as management's reason for starting a program. It also places heavy emphasis on the use of an employee committee as key planners in the process and identifies key "decision points" where presentations must be made to management and where "go, no-go" decisions must be made.

Employer's Guide to Health Promotion in the Workplace

Developed by the Minnesota Coalition on Health Care Costs and Minnesota Department of Health
1981
41 pages

Available from:

Minnesota Coalition on Health Care Costs
Suite 440, Health Associations Center
2221 University Avenue SE
Minneapolis, MN 55414
$3.00

The introduction to the publication states, "This guide is the result of a cooperative effort by business and health professionals to clarify the promise of a health activity that is attracting employers' interest in Minnesota. Health promotion and risk reduction programs are defined in theory and in practice. The intent is to display the substantial medical and economic credibility of these programs and to allow decision makers to select between alternative programs." Chapters are included on costs; the promise of health promotion; programs; tools including assessments, risk appraisals, screening, group education, contracts, and rewards; plus some questions and cautions.

Health Care —You Owe It To Yourself

Developed by the Fairfield/Westchester Business Group on Health
1983
14-minute film/tape cassette

Available from:

Business Institute for Health, Inc.
ATTN: Mrs. D. Alvater
Box 189
Stanton, NJ 98885
$250 film; $190 3/4 or 1/2 inch tape cassette

This film — aimed at employees, their dependents, and the general public — discusses the magnitude of the cost problem, the need for everyone to have a better understanding of the problem and to become better users of the health care delivery system. The need for a more responsible attitude by each of us toward health promotion and self care is emphasized.

Healthtask '86—Working for Wellness

Proceedings from a 1986 conference co-sponsored by the HIAA and the Wellness Council of the Midlands
1987
132 pages

Available from:

Health Insurance Association of America
Public Relations Division
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599
Single copy free

These proceedings contain edited remarks on health promotion trends by several notable speakers, including General Motors Chairman Roger Smith, and the Honorable Bob Kerrey, former Governor of Nebraska. Also included are fourteen presentations by health promotion professionals and in-house program coordinators that provide a glimpse into how programs operate at various worksites.

Health Education Quarterly: Special Issue — Worksite Health Promotion

Guest Editor, Andrew J. J. Brennan, Ph.D.
Fall 1982, Volume 9
92 pages

Available from:

Human Sciences Press, Inc.
72 Fifth Avenue
New York, NY 10011
$10.95

Articles by experts in the field cover topics including the rationale for and corporate rewards of worksite programs, their costs and benefits, their successes and potential pitfalls, characteristics of successful programs, and the interest of insurance companies in health promotion in businesses. Several programs are described and the roles of various Federal agencies are outlined.

How Business Can Promote Good Health for Employees and Their Families

Prepared by Interstudy; primary authors Keith W. Sehnert, M.D., and John K. Tillotson, M.D.
1978
38 pages

Available from:
National Chamber Foundation
1615 H Street, NW
Washington, DC 20062
$7.00 plus $2.00 postage and handling

This publication was one of the first to review reasons why employers should be involved in health in general and health promotion in particular. It discusses how programs can be measured, presents resources for developing program components, and sets forth an action plan for implementation.

Managing Health Promotion in the Workplace: Guidelines for Implementation and Evaluation

By Rebecca Parkinson and Associates
1982
304 pages

Available from:
Mayfield Publishing Company
285 Hamilton Avenue
Palo Alto, CA 94301
$24.95 plus $1.50 postage and handling

Developed by a group of experts in worksite health promotion, this book provides a series of guidelines designed to help individuals plan, implement, and evaluate effective employee health promotion programs. It also addresses such management issues as where the program should be located within the organizational structure and how to identify available resources. In addition, it contains examples of programs in 17 corporations, plus 12 background papers on topics including hypertension, weight and nutrition, alcohol and drug abuse, smoking cessation, stress management, physical activity, and cost-effectiveness.

National Conference on Health Promotion Programs in Occupational Settings

Background papers for an invitational conference sponsored by the Office of Disease Prevention and Health Promotion, Department of Health and Human Services
1979
Set of 11 papers

Available from:
National Technical Information Service
Port Royal Road
Springfield, VA 22161
Order No. HRP-0030860
$23.00

A series of background papers describing the state-of-the-art of worksite health promotion programs covering such topics as hypertension, weight and nutrition, alcohol and drug abuse, smoking cessation, stress management, physical activity, and cost-effectiveness. (Seven of the background papers appeared in *Public Health Reports*, vol. 95, no. 2, Mar/Apr 1980, and many also were updated and incorporated into *Managing Health Promotion in the Workplace*.)

A Primer on Health Promotion at the Workplace

By Sybil K. Goldman
1983
33 pages

Available from:
Alpha Center
7316 Wisconsin Avenue, Suite 400
Bethesda, MD 20814
$3.75

This primer was designed to serve as a review or status report on what is known about worksite health promotion and to provide general information on a variety of topics including: the basics of health promotion and disease prevention; its importance to employers; types of program approaches being implemented in the workplace; realistic expectations about the benefits that can be acheived; examples of programs in operation; guidelines for getting started, and additional resources.

Promoting Health in the Worksetting

By Jane Thomas
1981
18 pages

Available from:
Institute for Health Planning
702 N. Blackhawk Avenue
Madison, WI 53705
$3.00; $6.00 for billed orders

This booklet discusses the cost-saving potential of worksite health promotion programs, the components and keys to a successful worksite program, and ways in which a health planning agency or other group can provide assistance in establishing or expanding worksite programs.

A Practical Planning Guide for Employee Health Promotion Programs

1982
45 pages

Available from:
The Health Planning Council, Inc.
995 Applegate Road
Madison, WI 53713
$4.00

This publication provides a step-by-step approach to the development of employee health promotion programs, with chapters highlighting benefits of a program, getting started, program elements, evaluation, legal and financial considerations, motivation, and some do's and don'ts. A list of health risk appraisals and a short bibliography also are included.

Wellness at Work: A Report on Health and Fitness Programs for Employees of Business and Industry

By Robert M. Cunningham, Jr.
1982
137 pages

Available from:

Blue Cross & Blue Shield Association
676 N. St. Clair Street
Chicago, IL 60611
$7.95

This book provides an overview of the wellness movement, especially as it exists in the workplace, liberally sprinkled with specific examples from businesses of all sizes. It discusses how to get a program started, common health problems, prepayment plans and other resources, hospitals as change agents, and the outlook for the future. Some references and fitness resources also are included.

Work to be Well: A Small Business Guide to Wellness at the Workplace

Developed by the Health Systems Agency of Western Lake Superior
1982
115 pages

Available from:

Health Projects Office
Health Systems Agency of Western Lake Superior
202 Ordean Building
424 West Superior Street
Duluth, MN 55802
$5.00

This handbook — one of the few available aimed specifically at small businessess — contains strategies for planning and developing worksite based wellness programs including those that businesses can do on their own. It also contains a directory of wellness providers and activities available within the region.

Your Guide to Wellness at the Worksite

1983
18 pages

Available from:

Health Insurance Association of America
Public Relations Division
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599
60¢

This booklet describes actual employee health promotion programs being undertaken by corporate America. Guidelines for cost-effective activities are highlighted, with a special focus on smoking cessation. Voluntary organizations and government agencies that can provide assistance in conducting programs are listed.

Worksite Health Promotion Publications: Specific Content Areas

AGING

Age Pages

Developed by the National Institute on Aging
1980, 1981, 1982
A continuing series

Available from:

National Institute on Aging
Box FL
Building 31, Rm. 5C35
Bethesda, MD 20205
Single set free

This series of two-page health information flyers is written for older people, their families and those who work with the elderly. Covering topics including finding good medical care, accidents, senility, high blood pressure, sexuality and exercise, the material can be reproduced for distribution.

ALCOHOL AND DRUG ABUSE

Conference on Alcohol, Drug Abuse, and Mental Health Promotion/Prevention at the Worksite

Proceedings of a conference sponsored by Alcohol, Drug Abuse, and Mental Health Administration, Public Health Service, Department of Health and Human Services
1982
161 pages

Available from:

Alcohol, Drug Abuse, and Mental Health Administration/
PHS/Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
Single copy free (supply limited)

The major question addressed at this conference was: How can efforts to prevent alcohol, drug abuse, and mental health (ADM) problems be made a more significant part of the broader movement to promote health and prevent disease at the worksite? Experts in a variety of fields, including labor and insurance, addressed topics such as the current movement to provide comprehensive health promotion/disease prevention services at the worksite; examples of ADM programs that have succeeded in expanding beyond treatment and rehabilitation to encompass health promotion and primary prevention; and strategies for increasing the prevalence of ADM promotion and prevention activities at the worksite.

Developing an Occupational Drug Abuse Program: Considerations and Approaches

Developed for the National Institute on Drug Abuse by the Stanford Research Institute, and supplemented with material developed by the University of Michigan's Institute for Social Research and the Research Triangle Institute.
1978
94 pages

Available from:

National Clearinghouse for Drug Abuse Information
P.O. Box 416
Kensington, MD 20795
Single copy free

This document provides general, conceptual, and practical suggestions to consider when putting a drug abuse program into operation and cites sources for obtaining more specific information at relevant points throughout the process. Sample policy statement and program descriptions are included.

The EAP Manual: A Practical, Step-by-Step Guide to Establishing an Effective Employee Alcoholism/Assitance Program

By William S. Durkin
1982
91 pages

Available from:

Publications Department
National Council on Alcoholism
733 Third Avenue
New York, NY 10017
$6.00

This manual outlines the nature and extent of the problem of alcoholism in industry, discusses the key role of labor in a successful approach to the problem, and recommends a proven approach to establishing an effective employee alcoholism/assistance program. Specific how-to information covers topics such as writing a policy on alcoholism, setup procedures for handling problem employees, training supervisors, obtaining the most cost-effective insurance coverage for treatment, and more.

Guidelines for Developing an Employee Assistance Program

By James T. Wrich
1982
82 pages

Available from:

AMA Membership Publications Division
American Management Association
135 W. 50th Street
New York, NY 10020
$10.00

These guidelines take the reader through the process of developing an EAP, including identifying assessment and referral sources, and defining the roles of various groups such as supervisors, labor, consultants, and the family. It presents a detailed implementation procedure, including the development of a joint implementation committee, and discusses both cost factors and evaluation. An appendix contains sample policies and letters.

Preventing Drug Abuse in the Workplace

By Judith Vicary, Ph.D. and Henry Resnick
1982
53 pages

Available from:
National Clearinghouse for Drug Abuse Information
P.O. Box 416
Kensington, MD 20795
Single copy free

This publication describes the development of early occupational alcohol and drug abuse programs and employee assistance programs, and describes approaches and issues on drug abuse prevention and health promotion in the workplace.

Target: Alcohol Abuse in the Hard-to-Reach Work Force

Developed by the National Institute on Alcohol Abuse and Alcoholism
1982
27 pages

Available from:
National Clearinghouse for Alcohol Information
P.O. Box 416
Kensington, MD 20795
Single copy free

The hard-to-reach population for alcoholism can be defined in many ways. This publication addresses several, including those who are hard to reach because they are hard to identify due to little supervision (physicians, lawyers), and those who are hard to reach because of service delivery problems (truck drivers, itinerant salespeople). Attention is given to the union's role in reaching these employees. The publication also lists selected resources, provides a glossary of terms, and discusses a procedure for starting a program.

CANCER

Helping Your Employees to Protect Themselves Against Cancer

Developed by the American Cancer Society in cooperation with the American Occupational Medical Association and the American Association of Occupational Health Nurses
1981
48 pages

Available from:
Your local American Cancer Society
Single copy free

This guide, designed to be used in cooperation with your local ACS chapter, is organized into sections describing how to provide education, demonstration and reinforcement for each of four major cancer sites (colorectal, lung, breast and uterine), plus a fifth section suggesting a planning and evaluation process. Data is presented to support the need for employee cancer education and additional resources are available for each content area.

Make Cancer Control Your Business

Developed by the American Cancer Society
1981
14 pages

Available from:

Your local American Cancer Society
Single copy free

This booklet is designed to acquaint management with the vital importance of cancer control in the workplace. It contains names of some companies that have participated in cancer education programs and features information on the costs of cancer to industry as well as the economic benefits of cancer control.

CARDIOVASCULAR DISEASE

Cardiovascular Primer for the Workplace

Developed by the National Heart, Lung, and Blood Institute, Public Health Service, Department of Health and Human Services.
1981
88 pages

Available from:

High Blood Pressure Information Center
120/80 National Institutes of Health
Box WS
Bethesda, MD 20205
Single copy free

Responding to the questions being asked by business leaders, this publication discusses what is known and unkown about cardiovascular disease risk factor reduction and health promotion; factors to consider when deciding upon adoption of a worksite health promotion program; and resources available to help get started. The document is liberally sprinkled with examples of business programs and data about the risk factors associated with cardiovascular disease including smoking, high blood pressure, elevated blood cholesterol, and diabetes, as well as related risk factors such as obesity, stress, physical inactivity, and others.

DRUG ABUSE

SEE ALCOHOL AND DRUG ABUSE

EVALUATION

Evaluating Health Promotion in the Workplace: Conference Summary

Developed by the Institute of Medicine
1981
38 pages

Available from:
Institute of Medicine
National Academy of Sciences
2101 Constitution Avenue, NW
Washington, D.C. 20418
$5.50

The proceedings from this invitational conference of experts contain brief summaries of a series of background papers on topics including methodologies for data collection and validation; the cost of evaluation; some case examples — lessons learned and issues unresolved; and themes and future directions. The paper, "Evaluation of Worksite Health Promotion Programs," is reproduced in its entirety.

FITNESS

Fitness in Industry

1978
38 pages

Available from:
Health Education Center
200 Ross Street
Pittsburgh, PA 15219
$3.50 plus postage

Although much of the data and some of the facts in this 1978 publication are out of date, its section titled *A Practical Guide to the Organization and Administration of an Industrial Fitness Program* contain enough valuable information to be worth the price. A poster diagramming procedures for the development of an industrial fitness program covers needs assessment, program components, facilities, administration and supervision, and organizational alternatives.

Fitness in the Workplace: A Handbook on Employee Program

Developed by the President's Council on Physical Fitness and Sports
14 page pamphlet

Available from:
President's Council on Physical Fitness and Sports
Washington, DC 20201
Single copy free

A look at physical fitness programs in business and industry that includes such useful information as general statistics about the apparent value of fitness programs and some common features of successful employee fitness programs.

HEALTH RISK APPRAISALS

Health Risk Appraisals: An Inventory

Developed by the National Health Information Clearinghouse, Office of Disease Prevention and Health Promotion, Public Health Service, Department of Health and Human Services
1981

Available from:
National Health Information Clearinghouse
P.O. Box 1133
Washington, DC 20013
Single copy free

This is a handy guide to more than 25 health risk appraisal tools that can be used at the worksite. The method of analysis (computer or self-scored) and name and address are included for each.

Health Risk Appraisal General Information Packet

Developed by the Center for Health Promotion and Education of the Centers for Disease Control
1981
Various materials

Available from:
Director of Special Projects
Center for Health Promotion and Education
Centers for Disease Control
1600 Clifton Road, NE
Atlanta, GA 30333
Single copy free

This packet of material contains sample questionnaires and printouts from CDC's version of a health risk appraisal, a general description of CDC's own employee health appraisal program, and a list of other health risk appraisal providers. In addition, two publications are included: an introduction to health risk appraisals and an interpretation guide.

HYPERTENSION CONTROL

Blood Pressure Control at the Worksite: Manual of Procedures for Blood Pressure Control Programs in Industrial Settings

By John C. Erfurt and Andrea Foote
1979
83 pages

Available from:
Institute of Labor & Industrial Relations
c/o Worker Health Program
401 Fourth Street
Ann Arbor, MI 48103
$5.00

This publication presents detailed procedures and sample forms for a worksite high blood pressure control program based on pilot programs developed in a variety of industrial settings. Chapters are devoted to screening, referral, follow-up, employee education, record keeping, and program evaluation.

Cost of Worksite Hypertension Treatment

By Hirsch S. Ruchlin, Ph.D. and Michael H. Alderman, M.D.
1980
46 pages

Available from:

High Blood Pressure Information Center
120/80 National Institutes of Health
Box WS
Bethesda, MD 20205
Single copy free

This report is described as "a retrospective cost analysis of a single case study . . . of a network of health fund supported, hypertension specialized clinics serving a particular employee population . . . Because this study focuses on a unique population and utilizes aggregate rather than micro level data, readers are cautioned to be wary of overgeneralizing these findings. We recognize that there are limitations in these data but feel that the findings may be helpful to others interested in implementing or evaluating worksite hypertension programs."

A Handbook for Worksite Blood Pressure Programs

Developed by Michael H. Alderman, M.D. under a grant from the New York State Health Department
1980
43 pages

Available from:

Health Education Services
P.O. Box 7126
Albany, NY 12224
$1.84 (payment must accompany order)

As stated within the document, "This manual is designed to help individuals from managment, personnel, occupational health staff or labor union officials understand the seriousness of hypertension and ways that it can be managed. The manual will familiarize the reader with the varieties of worksite programs for hypertension detection, treatment and control, and should facilitate the planning and execution of a suitable program for a particular employee group."

MENTAL HEALTH PROMOTION

Mental Wellness Programs for Employees

Guest editor, Willis B. Goldbeck
1980
230 pages

Available from:

Center for Industry and Health Care
Boston University Health Policy Institute
53 Bay State Road
Boston, MA 02215
$12.00

Papers and observations from an invitational conference on employee mental wellness programs cover a wide range of topics including case studies, perspectives on the problems, employee assistance programs, program models and directions, staffing and organization, and financing considerations.

See Also:

ALCOHOL AND DRUG ABUSE, Conference on Alcohol, Drug Abuse, and Mental Health Promotion/Prevention at the Worksite.

NUTRITION

Worksite Nutrition: A Decision-Maker's Guide

Developed by the American Dietetic Association in cooperation with the Society for Nutrition Education and the Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services.

1986

57 pages

Available from:

The American Dietetic Association
Sales Order Department
P. O. Box 10960
Chicago, IL 60610-0960
$3.00 plus postage and handling

This guide is designed specifically for decision-makers in business and industry, including CEOs, benefits managers, human resource directors, wellness coordinators and owners of small businesses, to assist in understanding how diet and nutrition affect companies and their employees. Addresses the concerns of both small and large employers.

OCCUPATIONAL LUNG DISEASES

Lung Hazards on the Job

A series of pamphlets developed by the American Lung Association

1980

4 to 8 panels

Available from:

Your local American Lung Association

Single copy free

This series of pamphlets -- covering lung hazards relating to asbestos, auto repair, byssinosis, fire fighting, silicosis, solvents, irritant gases and welding -- provide easy-to-read information for employees, along with some suggestions about measures they can take to protect their own health. A 12-page, 1981 publication, Lung Hazards in the Workplace, provides an overview of the topic and offers suggestions about how the employer, government agencies, health professionals, workers, and others can make the workplace safe.

Occupational Lung Diseases: An Introduction

Developed by the American Lung Association

1979

80 pages

Available from:

Your local American Lung Association

Single copy free

This publication provides a wide range of information about workplace lung hazards (including coal dust, ammonia gas, solvent vapors, cereal dust and welding fumes) and resulting occupational lung diseases. This booklet also discusses ways to control these hazards. A companion document, Sources of Information of Occupational Health, lists many government agencies, professional organizations, public interest groups, unions, trade organizations, and other groups that can provide information and services related to occupational lung hazards and disease.

SMOKING CESSATION

Nonsmoking in the Workplace: A Guide for Employers

Developed by the Center for Corporate Public Involvement

1984

54 page manual/loose leaf binder

Available from:

Center for Corporate Public Involvement
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599

Currently under revision. For further information, please contact the Center at (202) 624-2425.

Copies are $50.00 each.

A comprehensive manual offering practical advice that will take a company or organization step-by-step to reducing smoking and related diseases among employees.

Where There's Smoke There's Fire: The Cost and Dangers of Your Employees Who Smoke

Developed by the American Council of Life Insurance and the Health Insurance Association of America
1982
8 page pamphlet

Available from:
Health Insurance Association of America
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599
Single copy free

Some brief facts about smoking, especially as it relates to the workplace, a look at the economic and productivity consequences of smoking, and some guidelines for establishing a smoking cessation program.

WOMEN'S HEALTH ISSUES

Babies and Business

Developed by the March of Dimes
1982
12-minute film/video cassette

Available from:
Supply Division
March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
$75.00 — film; $30.00 — 3/4 or 1/2 inch tape cassette

This film is designed to catalyze discussions about the pregnant working woman's health habits, her frame of mind, and the attitudes of her spouse and co-workers — all of which affect the pregnancy and health of the newborn. Among the topics covered are smoking, drinking, nutrition, and the role of friends in the workplace. Other materials useful to a working mother are available through your local March of Dimes chapter.

Good Health is Good Business

Developed by the March of Dimes
1982
Packaged program with 7:45 minute slide/tape

Available from:
Supply Division
March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
$25

A 7:45 minute slide/tape show, "Inside My Mom" (see below), forms the basis for this health education package for the workplace designed to stimulate discussion about the health habits and attitudes that surround the pregnant working woman. In addition to the slide/tape, the package includes publicity material, discussion guide, implementation manual and data cards. (Many local March of Dimes chapters are prepared to present this program at your workplace.)

Inside My Mom

Developed by the March of Dimes
1982
7:45 minute slide/tape

Available from:

Supply Division
March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
$15 (Available in English and Spanish

Nutrition is approached as a basic element of life in this entertaining and informative cartoon. (It also can be purchased as part of a packaged program designed especially for use in the workplace. See "Good Health is Good Business.")

Health Newsletters for Employees

The following publications contain health and medical information and may be appropriate for distribution to employees as part of a worksite health promotion program. Many of these newsletters can be personalized with a company's name and/or message.

Harvard Medical School Health Letter

Monthly
6 pages

Available from:

Department of Continuing Education
Harvard Medical School
79 Garden Street
Cambridge, MA 02138
$12.00 per year

One long article on a subject of current or general interest is highlighted each month, along with some health related news briefs. Prepared by members of the Harvard Medical School faculty, the reading level on this publication is relatively high.

Health Facts

Monthly
4-8 pages

Available from:

Center for Medical Consumers and Health Care Information, Inc.
237 Thompson Street
New York, NY 10012
$18.00 per year

Every other issue (8 pp.) is devoted to a single topic and includes a bibliography. Alternate issues (4 pp.) contain shorter articles on medical news. The reading level is fairly high.

Health News
Monthly
Length varies

Available from:
Healthfax, Inc.
125 E. 23rd Stret
New York, NY 10010
Price varies with number of employees

Although not a newslettter, this health news and feature service provides articles that can be inserted in your company's regular employee newsletter or developed into independent leaflets, letters or brochures.

Health Voice
Quarterly
4 pages

Available from:
Healthfax, Inc.
125 E. 23rd Street
New York, NY 10010
Bulk rate prices available

Brief articles help employees stay well, keep fit, and hold down the cost of medical care. The back page is available for news stories from the sponsoring company.

Shape Write-Up
10 issues per year
8 pages

Available from:
Corporate Fitness Programs
11300 Pinehurst Way NE
Seattle, WA 98125
$15.00 per year; bulk rates available

Lively writing and cartoon illustrations add to this publication's appeal for employees at many levels. Its content covers a wide range of lifestyle related topics.

Taking Care
Monthly Newsletter
8 pages

Available from:
Center for Corporate Health Promotion
11490 Commerce Park Drive
Suite 140
Reston, VA 22091
$15.00 per year

Articles on common health risks and problems include flow charts to help the reader decide what action to take and whether or not to see a doctor. Topics emphasize wellness, physical fitness, and preventive medicine.

Your Health and Fitness

Six times per year
31 pages

Available from:

Curriculum Innovations, Inc.
3500 Western Avenue
Highland Park, IL 60035
$9.00 per year; bulk rates available

This magazine offers information on physical fitness, general health, and health problems.

General Health Promotion Publications

The following books are important background reading for anyone involved in health promotion.

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention

Developed by the Office of Disease Prevention and Health Promotion, Public Health Service, Department of Health and Human Services
1979
177 pages

Available from:

Government Printing Office
Superintendent of Documents
Washington, DC 20402
Stock No. 017-001-00416-2
$5.00 (make check payable to: Superintendent of Documents)

This landmark document sets forth some new priorities for the nation's health and calls for a renewed commitment to prevention. "The report's central theme is that the health of this Nation's citizens can be significantly improved through actions individuals can take themselves, and through actions decision makers in the public and private sectors can take to promote a safer and healthier environment for all Americans at home, at work and at play." Specific goals are set forth in five stages of human development, and 15 priority areas are identified in the categories of preventive health services, health protection, and health promotion.

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention—BACKGROUND PAPERS

Developed by the Institute of Medicine, National Academy of Science
1979
484 pages

Available from:

Government Printing Office
Superintendent of Documents
Washington, DC 20402
Stock No. 017-001-11417-1
$8.00 (make check payable to: Superintendent of Documents)

Eighteen background papers, developed by experts, examine the past successes, future challenges, and unanswered questions relating to some key topics including prevention of injuries, oral disease, mental disorders, cardiovascular disease, tobacco, and alcohol and drug abuse. Related issues include psychosocial factors in preventive medicine, preventive services for the well population, quality of the work environment, and the economic evidence on prevention.

Living Well: An Introduction to Health Promotion and Disease Prevention

Developed by the Office of Disease Prevention and Health Promotion, Public Health Service, Department of Health and Human Services
1980
36 pages

Available from:

Government Printing Office
Superintendent of Documents
Washington, DC 20402
Stock No. 017-001-00428-6
$4.25 (make check payable to: Superintendent of Documents)

Aimed at the individual, the content of this booklet is drawn from *Healthy People* and is designed to introduce the concepts of health promotion and disease prevention, outline health risks that one faces in daily life, and show the reader how minor changes in the way he or she lives can reduce the risk of disease or disability. An appendix offers suggestions for resources the individual can use to find additional information on the various topics covered in the text.

Nutrition and Your Health — Dietary Guidelines for Americans

Developed by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services
1980
20 pages

Available from:

National Health Information Clearinghouse
P.O. Box 1133
Washington, DC 20013
Single copy free

Government Printing Office
Superintendent of Documents
Washington, DC 20402
Stock No. 001-000-04248-3
$2.25 per copy
$27.00 per 100 copies
(Make check payable to: Superintendent of Documents)

This set of seven dietary recommendations is intended for people who are already healthy and includes information on fat, starch and fiber, sodium, sugar, alcohol, and other aspects of nutrition and health. The recommendations are: eat a variety of foods; maintain ideal weight; avoid too much fat, saturated fat, and cholesterol; eat foods with adequate starch and fiber; avoid too much sugar; avoid too much sodium; and, if you drink alcohol, do so in moderation.

Promoting Health/Preventing Disease: Objectives for the Nation

Developed by the Public Health Service, Department of Health and Human Services
1980
102 pages

Available from:

Government Printing Office
Superintendent of Documents
Washington, DC 20402
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This document, a companion to the national strategy set forth in *Healthy People*, identifies specific and measurable objectives for fifteen priority areas that are key to achieving our national health aspirations. Many of these objectives, developed with the help of panels of experts in each area, have direct implications for the workplace.

Public Health Reports

Published by the Public Health Service Department of Health and Human Services
Bi-monthly magazine
Approximately 100 pages

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This official journal of the U.S. Public Health Service provides up-to-date information on new Federal health policies, research, services and special initiatives of PHS agencies; important research in public health by scientists in both the U.S. and abroad; and an increased emphasis on prevention. An ideal way to keep up with the latest developments in public health.

Strategies for Promoting Health for Specific Populations

Developed by the Office of Disease Prevention and Health Promotion, Public Health Service, Department of Health and Human Services
1981
53 pages

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This report presents the findings from a series of meetings convened by DHHS to examine the health promotion needs, priorities, and concerns of minorities and special populations, and to obtain advice on actions that should be taken to reach them. Included are recommendations on reaching Asian/Pacific Amercians, Black Amerians, Hispanic Americans, elderly Americans, and American Indians.

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